# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

		Office Use Only
1. NAME OF COMMITTEE (in full) USE FEC MAIL OR TYPE OR F		9
Nita Lowey for Congress		<u> </u>
ADDRESS (number and street)	1	
Check if different than previously reported. (ACC)  White Plair	ns <sub>.</sub>	NY 10605
2. FEC IDENTIFICATION NUMBER \(\pi\)	CITY 🛕	STATE A ZIP CODE A
C00219881	3. IS THIS X NEW (N)	OR AMENDED STATE ▼ DISTRIC
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  X April 15 Quarterly Report (Q1)	(b) 12-Day <b>PRE</b> -Election Report for Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)	Convention (120	Special (12S) in the
October 15 Quarterly Report (Q3)	Election on	State of
January 31 Year-End Report (YE)	(c) 30-Day <b>POST</b> -Election Report	for the:
	General (30G)	Runoff (30R) Special (30S
Termination Report (TER)	Election on	in the State of
5. Covering Period 0 1 0 1	2 0 0 7 through	03 31 2007
I certify that I have examined this Report and to the Type or Print Name of Treasurer Richard	best of my knowledge and belief it is trued Melnikoff	e, correct and complete.
Signature of Treasurer Electronically Filed by	Richard Melnikoff	Date 0 4 1 4 2 0 0 7
NOTE : Submission of false, erroneous, or incomp	elete information may subject the person	signing this Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)

## Image# 27930567547

## **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Nita Lowey for Congress ° D 0 1 03 2007 From: 0 1 2007 3 1 Report Covering the Period: To: **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 149448.01 152248.01 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 2000.00 2000.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 147448.01 150248.01 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 90591.62 180769.04 (from Line 17)..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 90591.62 180769.04 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 797163.28 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

## **DETAILED SUMMARY PAGE**

of Receipts

Page 3

Write or Type Committee Name Nita Lowey for Congress ° D 0 1 2007 03 2007 From: 0 1 Report Covering the Period: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 107100.00 109100.00 (i) Itemized (use Schedule A)..... 12340.00 13140.00 (ii) Unitemized..... (iii) TOTAL of contributions 119440.00 122240.00 from individuals..... 8.01 8.01 (b) Political Party Committees..... (c) Other Political Committees 30000.00 30000.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 149448.01 152248.01 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 2981.20 5371.72 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 152429.21 157619.73

FEC Form 3 (Revised 02/2003)

# **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	90591.62	180769.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
LOAN REPAYMENTS:     (a) Of Loans Made or Guaranteed     by the Candidate	0.00	0.00
(b) Of all Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:  (a) Individuals/Persons Other  Than Political Committees	2000.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	2000.00	2000.0
1. OTHER DISBURSEMENTS	71675.00	92675.0
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21)	164266.62	275444.04
III. CASH SUM	MARY	
23. CASH ON HAND AT BEGINNING OF REPORTI	NG PERIOD	809000.69
4. TOTAL RECEIPTS THIS PERIOD (from Line 16,	152429.2	
5. SUBTOTAL (add Line 23 and Line 24)	961429.9	
26. TOTAL DISBURSEMENTS THIS PERIOD (from	Line 22)	164266.63

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 5/93			
ITEMIZED RECEIPTS	or each category of the	(check only one)			
	Detailed Summary Page	X   11a   11b   11c   11d   12   13a   13b   14   15			
Any information copied from such Reports and Statements r	may not be sold or used by any perso	n for the purpose of soliciting contributions			
or for commercial purposes, other than using the name and	address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Nita Lowey for Congress					
Full Name (Last, First, Middle Initial)					
Larle Altman		Date of Receipt			
Mailing Address 56 Osborn Rd		M M / D D / Y Y Y Y			
City State	Zip Code	03 20 2007			
Harrison NY	2ip Code 10528	Transaction ID: C9261375  Amount of Each Receipt this Period			
FFC ID number of contribution	10020				
federal political committee.		500.00			
Name of Employer Occupa	ation	_			
AR Partners'	state Broker	Limit Increased Due to Opponent's			
1 1 2 2 1	n Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	F00.00				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)					
3. Linda Altman		Date of Receipt			
Mailing Address 56 Osborn Rd	03 20 YYYY 20 2007				
City	State Zip Code				
City State Harrison NY	21p Code 10528	Transaction ID: C9261374  Amount of Each Receipt this Period			
FFO ID sounds on of postellerations	10020				
federal political committee.		500.00			
Name of Employer Occupa	ition	-			
Information Requested Home		Limit Increased Due to Opponent's			
	n Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	500.00				
Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial)					
Joan Arnow		Date of Receipt			
Mailing Address 14 Butler Road		03 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City State	Zip Code	Transaction ID: C9261829			
Scarsdale NY	10583	Amount of Each Receipt this Period			
FEC ID number of contributing		2300.00			
federal political committee.		2000.00			
Name of Employer N/A Use of Employer	ition	7			
nome		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	n Cycle-to-Date ▼	Sponding (2 0.0.0. 441a(1)/441a-1)			
X Primary General Other (specify)	4600.00				
□ 0.0.0. (opos)) <b>∀</b>		1			
2200 00					
SUBTOTAL of Receipts This Page (optional)	·····	3300.00			
TOTAL This Period (last page this line number only)	<b>)</b>				

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS	)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 6 / 93   (check only one)
Ar	ly information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Joan Arnow			Date of Receipt
	Mailing Address 14 Butler Road			03 23 2007
	City	State	Zip Code	Transaction ID: C9261830
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer N/A	Occupation Homema		Limit Increased Due to Opponent's
	Receipt For: 2008  Primary X General Other (specify) ▼	Election C	Sycle-to-Date ▼ 4600.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Robert Arnow	Date of Receipt		
	Mailing Address 14 Butler Road			03 / 23 / 2007
	City	State	Zip Code	Transaction ID: C9261831
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2300.00
	Name of Employer Weiler & Arnow Mgt. Co., Inc.	Occupation Presiden	t	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Opending (2 0.0.0. 44 ra(i)/44 ra 1)
	X Primary General Other (specify) ▼		4600.00	
c.	Full Name (Last, First, Middle Initial) Robert Arnow	•		Date of Receipt
	Mailing Address 14 Butler Road			03 / 23 / 2007
	City	State	Zip Code	Transaction ID: C9261832
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Weiler & Arnow Mgt. Co.,	Occupation		Limit Increased Due to Opponent's
	Inc. Receipt For: 2008	Presiden	ι Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	Libetion	4600.00	
s	UBTOTAL of Receipts This Page (optional)			6900.00
Т	OTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/93	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
		Detailed Summary Page	X   11a   11b   11c   11d   15   15   15   15   16   17   17   18   18   18   18   18   18	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any person	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)	name and add	diess of any political committee to	Solicit Contributions from Such Committee.	
Nita Lowey for Congress				
Titla Lowey for Congress				
Full Name (Last, First, Middle Initial)			Data of Baselini	
A. James A Attwood  Mailing Address 376 Harris Road			Date of Receipt	
Walling Address 370 Harris Hoad			02 05 2007	
City	State	Zip Code	Transaction ID: C9224600	
Bedford Hills	NY	10507	Amount of Each Receipt this Period	
FEC ID number of contributing	C		2300.00	
federal political committee.			2000.00	
Name of Employer	Occupation	n		
The Carlyle Group	Private E	· ·	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008  X Primary General	Election C	Sycle-to-Date ▼	Opending (2 0.0.0. 4414(1)/4414 1)	
X Primary General Other (specify) ▼		4600.00		
Carlot (openity) 🔻	0 0	0 0 0 0 0 0 0		
Full Name (Last, First, Middle Initial)	•		Data of Bassist	
B. James A Attwood			Date of Receipt	
Mailing Address 376 Harris Road			02 05 2007	
City	State	Zip Code	Transaction ID: C9224601	
Bedford Hills	NY	10507	Amount of Each Receipt this Period	
FEC ID number of contributing	С		2300.00	
federal political committee.	C		2000.00	
Name of Employer	Occupation	n		
The Carlyle Group	Private E	quity	Limit Increased Due to Opponent's	
Receipt For: 2008	Election C	Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)	
Primary X General		4600.00	1	
Other (specify)	0 0			
Full Name (Last, First, Middle Initial)			1	
C. Avraham Avidan  Mailing Address 38 Brae Burn Drive			Date of Receipt	
Mailing Address 38 Brae Burn Drive			03 23 2007	
City	State	Zip Code	Transaction ID: C9261883	
Purchase	NY	10577	Amount of Each Receipt this Period	
FEC ID number of contributing	С		250.00	
federal political committee.	9			
Name of Employer AVI-DON Management	ne of Employer Occupation			
<u> </u>	Real Esta		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2008  X Primary General	Election C	cycle-to-Date ▼		
X Primary General Other (specify)		250.00		
	0 0		1	
			4850.00	
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	4630.00	
TOTAL This Period (last page this line number	only)	<b>l</b>		

SCHEDULE A (FEC Form 3	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 93
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the such as	d Statements mathe	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)  A. Diane Baker			Date of Receipt
Mailing Address 120 State Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C9261277
Brooklyn	NY	11201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer The New York Times	Occupatio Financia	n I Executive	Limit Increased Due to Opponent's
Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial)  B. Kenneth Bartels  Mailing Address - 00 Class Basel			Date of Receipt
Mailing Address 38 Close Road			03 / 30 / 4 2007
City	State	Zip Code	Transaction ID: C9265950
Greenwich	<u>CT</u>	06831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Paxton Properties, Inc.	Occupatio Real Est		Limit Increased Due to Opponent's
Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary		1000.00	
Full Name (Last, First, Middle Initial)  C. Ralph Baruch	•		Date of Receipt
Mailing Address 784 Park Avenue			03 29 2007
City	State	Zip Code	Transaction ID: C9265443
New York	NY	10021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer N/A	Occupatio Retired	n	Limit Increased Due to Opponent's
Receipt For: 2008		Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)	)		2250.00
TOTAL This Period (last page this line numb			

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 93
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and story for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Max W Berger			Date of Receipt
	Mailing Address 200 East 71st Street			03 / 30 / 2007
	City	State	Zip Code	Transaction ID: C9265948
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer Bernstein Litowitz Berger	Occupation Attorney	1	Limit Increased Due to Opponent's
	et al Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			7
	Other (specify) ▼	0 0	2000.00	
В.	Full Name (Last, First, Middle Initial) Judith Berkowitz	•		Date of Receipt
	Mailing Address 15 Dolma Road	03 27 27 2007		
	City	State	Zip Code	Transaction ID: C9263596
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer N/A	Occupation	1	Limit Increased Due to Opponent's
	Receipt For: 2008	Retired  Election Cycle-to-Date ▼		Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	Liection C	ycie-io-Dale V	-
	Other (specify) ▼		2000.00	
С.	Full Name (Last, First, Middle Initial) Sam Bunker			Date of Receipt
	Mailing Address 561 Bunker Road			03 27 2007
	City	State	Zip Code	Transaction ID: C9263630
	E Dummerston	VT	05346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer N/A	Occupation	1	
		Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	ycle-to-Date ▼ 250.00	Sportaling (E.S.S.S. 4414(I))4414 1)
s	UBTOTAL of Receipts This Page (optional) .			4250.00
	OTAL This Period (last page this line number			

S	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 93
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
_				12 13a 13b 14 15
Ar	ly information copied from such Reports and Statem for commercial purposes, other than using the name	ients may e and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$  \rangle$	Nita Lowey for Congress			
	Title Lowey for Gongress			
_	Full Name (Last, First, Middle Initial)			
A.	Andrea Collins			Date of Receipt
	Mailing Address 384 New Rochelle Road			M M / D D / Y Y Y Y
	Cit.	01-1-	7in Oada	03 23 2007
		State	Zip Code	Transaction ID: C9261898
		NY	10708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C i		2300.00
	rederal political committee.			
	Name of Employer O	ccupation	1	
	N/A H	lomema	ker	Limit Increased Due to Opponent's
		Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	-	2500.00	
	Other (specify) ▼	1 1	2000.00	
	Full Name (Least First Middle Letter)			
В.	Full Name (Last, First, Middle Initial) Andrea Collins			Date of Receipt
	Mailing Address 384 New Rochelle Road			M M / D D / Y Y Y Y
	The state of the s	03 23 2007		
	City	State	Zip Code	Transaction ID: C9261899
	Bronxville	NY	10708	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer	ccupation	<u> </u>	$\dashv$
	NI/A	lomema		Limit Increased Due to Opponent's
			ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General	-		1
	Other (specify) ▼		2500.00	
_	Full Name (Last, First, Middle Initial)			B . (B
C.	Timothy C Collins  Mailing Address 384 New Bochelle Boad			Date of Receipt
	Mailing Address 384 New Rochelle Road			03 23 2007
	City	State	Zip Code	Transaction ID: C9261900
	-	NY	10708	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		2300.00
	Name of Employee			_
	Pipplowood Holdings	ccupation	n anaging Director	Limit Increased Due to Opponent's
	• •		ycle-to-Date <b>V</b>	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		yolo to Bate V	1
	Other (specify)		2500.00	
				1
	•			
s	UBTOTAL of Receipts This Page (optional)			4800.00
$\vdash$			•	
т	<b>OTAL</b> This Period (last page this line number only)			

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 93
ITEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used by any persor e and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Nita Lowey for Congress		
Full Name (Last, First, Middle Initial) Timothy C Collins		Date of Receipt
Mailing Address 384 New Rochelle Road		03 / 23 / 2007
•	State Zip Code NY 10708	Transaction ID: C9261901  Amount of Each Receipt this Period
FFC ID number of contribution	C	200.00
Ripplewood Holdings S	enior Managing Director Election Cycle-to-Date	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Primary X General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  Toby Crystal		Date of Receipt
Mailing Address 11 Chadworth Rd	03 / 20 / 4 2007	
•	State Zip Code NY 10583	Transaction ID: C9261382  Amount of Each Receipt this Period
FFO ID records or of a carbolly discre	0 0 0 0 0 0	
federal political committee.	C	1000.00
N/A	ccupation Iomemaker	Limit Increased Due to Opponent's
	Election Cycle-to-Date	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  2. Barbara Debs		Date of Receipt
Mailing Address 1 Beekman Place		03 / 30 / 2007
•	State Zip Code	Transaction ID: C9265925
	NY 10022	Amount of Each Receipt this Period
rederal political committee.	C	2000.00
Self Employed *	ccupation Consultant	Limit Increased Due to Opponent's
Receipt For: 2008 E	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify)	2000.00	
SUBTOTAL of Receipts This Page (optional)	·····	3200.00
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/93			
TEMIZED RECEIPTS	or each category of the	(check only one)			
	Detailed Summary Page	X   11a			
Any information copied from such Reports and Statem	lents may not be sold or used by any persor	for the purpose of soliciting contributions			
or for commercial purposes, other than using the nam	e and address of any political committee to s	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)					
Nita Lowey for Congress					
/ Full Name (Last, First, Middle Initial)					
A. Richard Debs		Date of Receipt			
Mailing Address 1 Beekman Place		M M / D D / Y Y Y Y			
-		03 30 2007			
City	State Zip Code	Transaction ID: C9265924			
	NY 10022	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	c	2000.00			
Self Employed	ccupation	Limit Ingressed Dura to Comments			
	onsultant Election Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	lection Gycle-to-Date ▼				
Other (specify) ▼	2000.00				
Full Name (Last, First, Middle Initial)		Data of Danaira			
Patricia N Dohrenwend     Mailing Address 60 Summit Avenue		Date of Receipt			
Mailing Address 60 Summit Avenue	03 19 2007				
City	State Zip Code	Transaction ID: C9261064			
Bronxville	NY 10708	Amount of Each Receipt this Period			
FEC ID number of contributing	C	500.00			
federal political committee.		300.00			
Name of Employer County of Westchester	ccupation	1			
	irector, Archives & Records Center	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Election Cycle-to-Date ▼	Spending (2 0.3.0. 44 ra(1)/44 ra-1)			
X Primary General Other (specify) ▼	500.00				
Cuter (speerly)					
Full Name (Last, First, Middle Initial)					
Phillip Donahue		Date of Receipt			
Mailing Address 420 East 54th Street, Suite	28G	03 30 2007			
City	State Zip Code	Transaction ID: C9265943			
•	NY 10022	Amount of Each Receipt this Period			
FFO ID records or of a contribution	1 1 1 1 1 1 1				
federal political committee.	C	2300.00			
Name of Employer	ccupation	1			
Self-Employed	elevision Personality	Limit Increased Due to Opponent's			
Receipt For: 2008 E	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
X Primary General	2900.00				
Other (specify) ▼	2300.00				
SUBTOTAL of Receipts This Page (optional)					
(ago (apinonal)					
TOTAL This Period (last page this line number only)	<b>&gt;</b>				

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 93   (check only one)   X   11a
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Phillip Donahue			Date of Receipt
	Mailing Address 420 East 54th Street,	Suite 28G		M M / D D / Y Y Y Y Y O O O O O O
	City	State	Zip Code	Transaction ID: C9265944
	New York	NY	10022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer Self-Employed		n Personality	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  Primary X General  Other (specify) ▼	Election C	cycle-to-Date ▼ 2900.00	Speriority (2 0.3.0. 441a(1)/441a-1)
В.	Full Name (Last, First, Middle Initial) Burtt Ehrlich	Date of Receipt		
	Mailing Address 636 Riversville Rd.	Otata	7. 0.4	03 20 2007
	City Greenwich	State CT	Zip Code 06831	Transaction ID: C9261309  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer N/A	Occupation Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify)	Election C	cycle-to-Date ▼ 250.00	Sportaling (2 5.5.5. 441a(t)) 441a 1)
<u>с</u> .	Full Name (Last, First, Middle Initial) Gerald Eisner			Date of Receipt
	Mailing Address 5 Valley Road			03 / 27 / 2007
	City Scarsdale	State NY	Zip Code	Transaction ID: C9263595
	FEC ID number of contributing federal political committee.	C	10583	Amount of Each Receipt this Period  250.00
	Name of Employer N/A	Occupation Retired	1	Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify)	Election C	Sycle-to-Date ▼ 250.00	Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			1100.00
Т	OTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 93
	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EIVIIZED RECEIP I S		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Nita Lowey for Congress			
Α.				Date of Receipt
	Mailing Address 36 Butler Road		= 0	03 19 2007
	City	State	Zip Code	Transaction ID: C9261061
	Scarsdale	NY	10583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer N/A	Occupation Retired	1	Limit Increased Due to Opponent's
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			7
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Alfred Feinman	•		Date of Receipt
	Mailing Address 134 Lincoln Avenue			03 23 2007
	City	State	Zip Code	Transaction ID: C9261824
	Purchase	NY	10577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Glickenhaus & Company	Occupation Investme	n nt Manager	Limit Increased Due to Opponent's
	Receipt For: 2008	_,	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	4600.00	]
	Full Name (Last, First, Middle Initial) Alfred Feinman			Date of Respire
U.	Mailing Address 134 Lincoln Avenue			Date of Receipt
				03 23 2007
	City	State	Zip Code	Transaction ID: C9261825
	Purchase	NY	10577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Glickenhaus & Company	Occupation Investme	n nt Manager	Limit Increased Due to Opponent's
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General Other (specify) ▼	0 0	4600.00	
s	UBTOTAL of Receipts This Page (optional)		I	5600.00
	OTAL This Period (last page this line number			

IT	CHEDULE A (FEC Form 3 EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 93 (check only one)    X
An or	y information copied from such Reports and for commercial purposes, other than using t	l Statements may he name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Dana Freyer Mailing Address 25 Autenrieth Rd  City Scarsdale  FEC ID number of contributing federal political committee.  Name of Employer Skadden, Arps	State NY  C Occupation Attorney	Zip Code 10583	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: 2008  X Primary General Other (specify) ▼		ycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Werner Gamby Mailing Address 840 Pirates Cove			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Mamaroneck	State NY	Zip Code 10543	Transaction ID: C9261361  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10040	250.00
	Name of Employer W. Gamby & Co., Inc.  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Importer Election C	ycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
·	Full Name (Last, First, Middle Initial) Kenneth M Gang			Date of Receipt
	Mailing Address 15 Talcott Road			0 1 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C8356609
	Rye  FEC ID number of contributing federal political committee.	C	10573	Amount of Each Receipt this Period  250.00
	Name of Employer N/A  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Retired  Election C	ycle-to-Date ▼ 250.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 93
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   11d   15   12   13a   13b   14   15
Any information copied from such Reports and Sta	tements mav	not be sold or used by any perso	
or for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)			
A. Ellen Gelboim			Date of Receipt
Mailing Address 51 Sycamore Road			M M / D D / Y Y Y Y
Oit.	Ctata	7in Oada	03 27 2007
City <u>Scarsdale</u>	State NY	Zip Code 10583	Transaction ID: C9263637  Amount of Each Receipt this Period
•		10303	
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer N/A	Occupation	1	7
	Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 0.0.0. 441a(i)/441a 1)
X Primary General Other (specify) ▼		500.00	
canon (operation) \	1 1		
Full Name (Last, First, Middle Initial)  3. Mildred B Glimcher			Date of Receipt
Mailing Address 435 East 52nd Street			M M / D D / Y Y Y Y
Apt. 24C			03 23 2007
City	State	Zip Code	Transaction ID: C9263563
New York	NY	10022-6495	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Pace Wildenstein Gallery	Occupation	1	7
·	Art Histor		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008  X Primary General	Election C	ycle-to-Date ▼	Speriality (2 0.0.0. 4414(1)/4414 1)
Other (specify)		500.00	
(cpsss)/ <b>\</b>	1		1
Full Name (Last, First, Middle Initial)  C. Peter Greeman			Date of Receipt
Mailing Address 11 Birchfield Road			M ' M / D D / Y ' Y ' Y ' Y
City	State	Zip Code	03 20 2007
City Larchmont	State NY	2ip Code 10538	Transaction ID: C9261334  Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1	
federal political committee.	C		250.00
Name of Employer	Occupation	1	┪
N/A	Retired		Limit Increased Due to Opponent's
Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	' '	250.00	
Other (specify)			1
CURTOTAL of Descints This Page (antique)		_	1250.00
SUBTOTAL of Receipts This Page (optional)		<b>)</b>	
TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/93				
ITEMIZED RECEIPTS		or each category of the	(check only one)				
		Detailed Summary Page	X   11a   11b   11c   11d   15   12   13a   13b   14   15				
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso					
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Nita Lowey for Congress							
/							
Full Name (Last, First, Middle Initial)  1. Fay T Greenwald			Date of Receipt				
Mailing Address 258 Evandale Road			M M / D D / Y Y Y Y				
=======================================			03 20 2007				
City	State NY	Zip Code	Transaction ID: C9261314				
Scarsdale 550 ID 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10583	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer N/A	Occupation	1					
	Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Receipt For: 2008  X Primary General	Election C	ycle-to-Date ▼	Sportaing (2 0.0.0. 4414(1)/4414 1)				
X Primary General Other (specify) ▼	' '	250.00					
case (epocs), <b>\</b>			1				
Full Name (Last, First, Middle Initial)  3. Norma Hess			Date of Receipt				
Mailing Address 625 Park Avenue			M M / D D / Y Y Y Y				
#9A	#9A						
City	State	Zip Code	Transaction ID: C9261066				
New York	NY	10021	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1000.00				
Name of Employer N/A	Occupation	1	7				
N/A	Homema	ker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 441a(i)/441a-1)				
X Primary General Other (specify) ▼		1000.00					
	0 0	0 0 0 0 0 0 0	1				
Full Name (Last, First, Middle Initial)  Stephen A Hochman			Date of Receipt				
Mailing Address 303 West Street			03 30 7 2007				
City	State	Zip Code	Transaction ID: C9265949				
White Plains	NY	10605	Amount of Each Receipt this Period				
FEC ID number of contributing	С		1000.00				
federal political committee.	0						
Name of Employer Friedman Wittenstein Hoch-	Occupation	1	7				
man	Attorney		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Receipt For: 2008  X Primary General	Election C	ycle-to-Date ▼					
Other (specify)	' '	1000.00					
			1				
CURTOTAL of Descripts Title Descripts 19	SUPTOTAL of Descints This Dags (antique)						
SUBTOTAL of Receipts This Page (optional)							
TOTAL This Period (last page this line number o	nly)						

	CHEDULE A (FEC Form 3	)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 93 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 1	5
An or	y information copied from such Reports and for commercial purposes, other than using t	d Statements may the name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
<b>^</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Martha Holden Mailing Address 1 Kendal Way			Date of Receipt	
	#4119	0	7. 0.1	03 23 2007	
	City Sleepy Hollow	State NY	Zip Code 10591	Transaction ID: C9263558  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer N/A  Receipt For: 2008  X Primary General	Occupation Retired  Election C	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	250.00		
3.	Jill Iscol  Mailing Address 955 5th Avenue			Date of Receipt  0 3 2 7 2 0 0 7	
	City	State	Zip Code	Transaction ID: C9263609	
	New York  FEC ID number of contributing federal political committee.	C	10021	Amount of Each Receipt this Period 1900.00	
	Name of Employer IF Hummingbird Foundation	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	ycle-to-Date ▼ 4200.00	Sponding (2 8.8.8. 4414(1)) 4414 1)	
).	Full Name (Last, First, Middle Initial) Jill Iscol			Date of Receipt	_
	Mailing Address 955 5th Avenue			03 / 27 / 2007	
	City New York	State NY	Zip Code 10021	Transaction ID: C9263610  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	2300.00	
	Name of Employer IF Hummingbird Foundation	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
	Receipt For: 2008  Primary X General  Other (specify) ▼	Election C	ycle-to-Date ▼ 4200.00	— Зренину (2 0.3.0. 441a(н/441a-1)	
S	UBTOTAL of Receipts This Page (optional)			4450.00	]
T	OTAL This Period (last page this line numb	er only)			

SC	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 93
ITI	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Any or f	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress		71	
_	Full Name (Last, First, Middle Initial) Donald Jonas			Date of Receipt
	Mailing Address 820 Fifth Avenue			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: C9263621
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2300.00
	Name of Employer Information Requested	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 4600.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Donald Jonas Mailing Address 820 Fifth Avenue			Date of Receipt
				03 27 2007
	City	State	Zip Code	Transaction ID: C9263638
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Information Requested	Occupation Retired	n	Limit Increased Due to Opponent's
	Receipt For: 2008 Primary X General Other (specify) ▼	Election C	cycle-to-Date ▼ 4600.00	Spending (2 U.S.C. 441a(i)/441a-1)
	Full Name (Last, First, Middle Initial) Robert N Kaplan			Date of Receipt
	Mailing Address 107 Greenhaven Road			03 23 2007
	City	State	Zip Code	Transaction ID: C9261839
	Rye	NY	10580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
•	Name of Employer Kaplan Fox & Kilsheimer LLP	Occupation Attorney	n	Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SI	JBTOTAL of Receipts This Page (optional)			5600.00
T.	OTAL This Period (last nage this line number	only)		

2	CHEDULE A (FEC Form 3 )			FOR LINE NUMBER:	PAGE 20 / 93
			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 11d
				12 13a	13b 14 15
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of solicit	ing contributions
or	for commercial purposes, other than using the r	name and add	ress of any political committee to	SOlicit contributions from s	such committee.
/	NAME OF COMMITTEE (In Full)				
/	Nita Lowey for Congress				
	Full Name (Last, First, Middle Initial)				
۹.	Morton A. Kornreich			Date of Receipt	
	Mailing Address 21382 Harrow Court			03 20	2007
	City	State	Zip Code	Transaction ID: C9	
	Boca Raton	FL	33433	Amount of Each Red	
	FEC ID number of contributing				
	federal political committee.	C			1000.00
	Name of Employer Kornreich & Sons Inc.	Occupation	1		
	Kornreich & Sons Inc.	Chairmar	1	Limit Increased D	Oue to Opponent's C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 0.5.	O. 44 (a(1)/44 (a-1)
	X Primary General		1000.00		
	Other (specify) ▼	-		J.	
3	Full Name (Last, First, Middle Initial) Betsy Landis			Date of Receipt	
•	Mailing Address 17 Glenbrooke Drive			M M / D D	/ Y
		03 27	2007		
	City	State	Zip Code	Transaction ID: C9	264810
	White Plains	NY	10605	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	C			1000.00
	federal political committee.				
	Name of Employer Hebrew Union College	Occupation	1	7	
	Hebrew Union College	Administr			Oue to Opponent's C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 0.5.	O. 44 (a(1)/44 (a-1)
	X Primary General Other (specify) ▼	, ,	1000.00		
	Other (specify)	0 0			
). ).	Full Name (Last, First, Middle Initial) Donald Landis			Date of Receipt	
	Mailing Address 17 Glenbrooke Drive			M M / D D	/ Y Y Y Y
				03 27	2007
	City	State	Zip Code	Transaction ID: C9	
	White Plains	NY	10605	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer	Occupation		_	
	Name of Employer N/A	Retired	I	Limit Increased Γ	Oue to Opponent's
	Receipt For: 2008		ycle-to-Date ▼		C. 441a(i)/441a-1)
	X Primary General			1	
	Other (specify) ▼		1000.00		
S	UBTOTAL of Receipts This Page (optional)				3000.00
_	OTAL This Deviced (less pages this line asserts as	nh ()			
1 (	OTAL This Period (last page this line number o	ıııy)	<b>P</b>		

IT	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 93 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using t	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Philip J Landrigan Mailing Address 915 Stuart Avenue  City Mamaroneck FEC ID number of contributing federal political committee.  Name of Employer Mt. Sinai School of Medic-	State NY  C		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: C9261294  Amount of Each Receipt this Period  500.00
	ine Receipt For: 2008  X Primary General  Other (specify) ▼	Physician Election C	n ycle-to-Date ▼ 500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Eugene M Lang  Mailing Address 535 Fifth Avenue Suite 906  City	State	Zip Code	Date of Receipt    M M
	New York  FEC ID number of contributing federal political committee.	C	10021	Amount of Each Receipt this Period  1000.00
	Name of Employer Eugene Lang Foundation  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Executive Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>D</b> .	Full Name (Last, First, Middle Initial) Richard Laster  Mailing Address 23 Round Hill Road			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Channer	State	Zip Code	Transaction ID: C9261347
	Chappaqua  FEC ID number of contributing federal political committee.	C	10514	Amount of Each Receipt this Period  1000.00
	Name of Employer Richard Laster Assoc.  Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Consulta Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional)			2500.00
т	OTAL This Period (last page this line numb	er only)		

S	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22/93
	EMIZED RECEIPTS		or each category of the	(check only one)
• • •	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ly information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Nita Lowey for Congress			
A.	Full Name (Last, First, Middle Initial) Carol Levin			Date of Receipt
	Mailing Address 15 East 70th Street			03 / 20 / 2007
	City	State	Zip Code	Transaction ID: C9261363
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer J W Levin Partners LLC	Occupation VP Marke		Limit Increased Due to Opponent's
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	-	1000.00	1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Jerry Levin			Date of Receipt
	Mailing Address 15 East 70th Street			03 20 2007
	City	State	Zip Code	Transaction ID: C9261362
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer J W Levin Partners LLC	Occupation Chairman		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	1
C.	Full Name (Last, First, Middle Initial) Peter L Malkin			Date of Receipt
	Mailing Address 60 E 42nd Street			$ \begin{bmatrix} \begin{smallmatrix} M & M \\ D & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	City	State	Zip Code	Transaction ID: C9261836
	New York	NY	10165	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Wein & Malkin LLP	Occupation Attorney	1	Limit Increased Due to Opponent's
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)	1		3000.00
	OTAL This Period (last page this line number			

S	CHEDULE A (FEC Form 3)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 23 / 93
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X   11a   11b   11c   11d
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An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Nita Lowey for Congress			
A.	Full Name (Last, First, Middle Initial) Alice Mathias			Date of Receipt
	Mailing Address 7 Glendale Road			03 20 7 2007
	City	State	Zip Code	Transaction ID: C9261311
	<u>Harrison</u>	NY	10528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer The Lamb Company	Occupation Writer	1	Limit Increased Due to Opponent's
	Receipt For: 2008		sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		·	7
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Edwin Mehlman	•		Date of Receipt
	Mailing Address 3 Hanley Farm Road			03 19 2007
	City	State	Zip Code	Transaction ID: C9261062
	Warren	RI	02885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Endodon		Limit Increased Due to Opponent's
	Name of Employer Self Employed  Receipt For: 2008	Endodon		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Self Employed	Endodon	tist	
	Receipt For: 2008  X Primary General	Endodon	tist ycle-to-Date ▼	
	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial)	Endodon	tist ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
<b>C</b> .	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr.	Endodon	tist ycle-to-Date ▼	Date of Receipt
 C.	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr.  Mailing Address 1111 Park Avenue	Endodon Election C	tist cycle-to-Date ▼ 500.00	Date of Receipt  0 3
C.	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr.  Mailing Address 1111 Park Avenue  City	Endodon Election C	tist sycle-to-Date ▼  500.00  Zip Code	Date of Receipt    Date of Receipt
 C.	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr.  Mailing Address 1111 Park Avenue  City New York  FEC ID number of contributing	Endodon Election C	tist Sycle-to-Date ▼  500.00  Zip Code 10028	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr. Mailing Address 1111 Park Avenue  City New York  FEC ID number of contributing federal political committee.	State NY  C  Occupation Investor	tist Sycle-to-Date ▼  500.00  Zip Code 10028	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr.  Mailing Address 1111 Park Avenue  City New York  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	State NY  C  Occupation Investor	tist Sycle-to-Date ▼  500.00  Zip Code 10028	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: 2008  X Primary General Other (specify)   Full Name (Last, First, Middle Initial) Eugene Mercy, Jr.  Mailing Address 1111 Park Avenue  City New York  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For: 2008  X Primary General	State NY  C  Occupation Investor  Election C	tist Sycle-to-Date ▼  500.00  Zip Code 10028  10028  2000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

IT	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 93 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and for commercial purposes, other than using t	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) Linda Mirels  Mailing Address 19 Orchard Drive			Date of Receipt
	City	State	Zip Code	01 10 2007
	City Purchase	NY	21p Code 10577	Transaction ID: C8299068  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer N/A  Receipt For: 2008  X Primary General  Other (specify) ▼	Occupation Homema		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
3.	Full Name (Last, First, Middle Initial) Helen Moksnes Mailing Address 1835 Kennedy Street	: #1		Date of Receipt
	City	State	Zip Code	03 19 2007
	City Bayside	NY	21p Code 11360	Transaction ID: C9261056  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Information Requested	Occupation Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	cycle-to-Date ▼ 500.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) John Nonna			Date of Receipt
	Mailing Address 21 Ashland Avenue			03 / 31 / 2007
	City Pleasantville	State NY	Zip Code 10670	Transaction ID: C9266069  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10070	2300.00
	Name of Employer LeBueuf, Lamb, Greene & MacRae Receipt For: 2008  X Primary General Other (specify) ▼	Occupation Attorney Election C	n Cycle-to-Date ▼ 4600.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			4800.00
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S	CHEDULE A (FEC Form 3)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 25 / 93
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
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Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Nita Lowey for Congress			
A.	Full Name (Last, First, Middle Initial) John Nonna			Date of Receipt
	Mailing Address 21 Ashland Avenue			03 / 31 / 2007
	City	State	Zip Code	Transaction ID: C9266068
	Pleasantville	NY	10670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer LeBueuf, Lamb, Greene & MacRae	Occupation Attorney	ı	Limit Increased Due to Opponent's
	Receipt For: 2008	<del>, '                                     </del>	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	Primary X General		4600.00	1
	Other (specify) ▼	0 0	4600.00	
В.	Full Name (Last, First, Middle Initial) Simon Pelman			Date of Receipt
	Mailing Address 137-31 71st Avenue			03 / 19 / 2007
	City	State	Zip Code	Transaction ID: C9261063
	Flushing	NY	11367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Union Plaza Nursing Home	Occupation Executive		Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Harry Phillips, III	1		Date of Receipt
	Mailing Address 71 Hawthorne Way			03 19 2007
	City	State	Zip Code	Transaction ID: C9261059
	<u>Hartsdale</u>	NY	10530	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Phillips Compensation	Occupation Insurance		Limit Increased Due to Opponent's
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			3800.00
H	OTAL This Period (last page this line number			

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5(	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	(check only one)			
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			Detailed Summary Page	12 13a 13b 14 15			
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.			
_	NAME OF COMMITTEE (In Full)		71				
\	,						
/	Nita Lowey for Congress						
_	Full Name (Last, First, Middle Initial)						
٩.	John Pomerantz			Date of Receipt			
	Mailing Address 2211 Broadway, Apt. 2L			M M / D D / Y Y Y Y			
	5 ELT. Broadway, Apr. 22	_		03 27 2007			
	City	State	Zip Code	Transaction ID: C9263625			
	New York	NY	10024	Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		1000.00			
	Name of Employer JJP Advisory LLC	Occupation	n				
	JUP Advisory LLC	Executive	Э	Limit Increased Due to Opponent's			
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General	1 1	1000.00	1			
	Other (specify)		1000.00				
	Full Name (Last, First, Middle Initial)						
3.	Evelyn Pozez			Date of Receipt			
	Mailing Address 6358 N. Pinnacle Ridge	Dr.		03 27 2007			
	Cit.	01-1-	7:- Code				
	City	State	Zip Code	Transaction ID: C9263607			
	Tucson	AZ	85718	Amount of Each Receipt this Period			
	FEC ID number of contributing	С		1000.00			
	federal political committee.						
	Name of Employer	Occupation	n				
	N/A	Homema	ıker	Limit Increased Due to Opponent's			
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General	1 1		1			
	Other (specify) ▼	1	1000.00				
				1			
	Full Name (Last, First, Middle Initial)						
Э.	Philip Rosen			Date of Receipt			
	Mailing Address 75 Echo Bay Drive			03 23 2007			
	City	State	Zip Code				
			·	Transaction ID: C9261842			
	New Rochelle	NY	10805	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		1000.00			
	federal political committee.						
	Name of Employer	Occupation	n				
	Rosen Development Group, Inc.	Presiden	t	Limit Increased Due to Opponent's			
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General	1 1		1			
	Other (specify) ▼	1	1000.00				
SI	UBTOTAL of Receipts This Page (optional)			3000.00			
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T	OTAL This Period (last page this line number o	nly)					

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 2//93   (check only one)
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may	not be sold or used by any pers	on for the purpose of soliciting contributions
Š	NAME OF COMMITTEE (In Full) Nita Lowey for Congress	name and date	areas of any political committee of	o solicit contributions from such committees.
Α.	Full Name (Last, First, Middle Initial) Robert M Rubin			Date of Receipt
	Mailing Address 29 East 64th St. Apt 38	3		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C8360087
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer N/A	Occupation retired	ו	Limit Increased Due to Opponent's
	Receipt For: 2008  X Primary General  Other (specify) ▼		ycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)
— В.	Full Name (Last, First, Middle Initial) Deborah Sacks			Date of Receipt
	Mailing Address 835 Claflin Avenue	03 / 23 / 2007		
	City	State	Zip Code	Transaction ID: C9263567
	Mamaroneck	NY	10543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer N/A	Occupation Retired	ו	Limit Increased Due to Opponent's
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) George F. Schweitzer			Date of Receipt
	Mailing Address 6 Oak Avenue			03 26 YYYYY 2007
	City	State	Zip Code	Transaction ID: C9263582
	Larchmont	NY	10538-2502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer CBS		Marketing	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	ycle-to-Date ▼ 500.00	Spending (2 0.3.0. 441a(I)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			2500.00
Т	OTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS	1	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 93 (check only one)  X 11a 11b 11c 11d
An	ry information copied from such Reports and for commercial purposes, other than using the	Statements may	 y not be sold or used by any person   dress of any political committee to	12 13a 13b 14 15  on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress		,,,	
Α.	Full Name (Last, First, Middle Initial) Janet Segal  Mailing Address 19 Huguenot Drive  City Larchmont  FEC ID number of contributing federal political committee.  Name of Employer Four Winds Hospital  Receipt For: 2008  X Primary General Other (specify)	_,	Zip Code 10538  n erating Officer Cycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Donald Sharp Mailing Address 66 Avon Road City	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Bronxville  FEC ID number of contributing federal political committee.  Name of Employer Merchants Bank of New York  Receipt For: 2008  X Primary General Other (specify)	Occupation Bank Con		Amount of Each Receipt this Period  2000.00  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>D.</b>	Full Name (Last, First, Middle Initial) Jane Sherman Mailing Address 25001 River Drive  City Franklin  FEC ID number of contributing federal political committee.  Name of Employer N/A  Receipt For: 2008  X Primary General Other (specify)	State MI  C  Occupation Voluntee Election C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			3500.00
T	OTAL This Period (last page this line number	er only)		

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ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d
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Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Nita Lowey for Congress			
A.				Date of Receipt
	Mailing Address 1 Broadview Road			03 20 2007
	City	State	Zip Code	Transaction ID: C9261357
	Westport	CT	06880	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer	Occupation	1	
	N/A	Retired		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008	Election C	ycle-to-Date ▼	Spending (2 0.5.0. 44 ra(i)/44 ra-1)
	X Primary General	' '	2000.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0 0	_
В.	Full Name (Last, First, Middle Initial) Alan Sieroty			Date of Receipt
	Mailing Address 6022 Wilshire Bouleva	03 20 2007		
	City	State	Zip Code	Transaction ID: C9261342
	Los Angeles	CA	90036	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	<u> </u>	<del>- </del>
	Sieroty Company, Inc.	President		Limit Increased Due to Opponent's
	Receipt For: 2008		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General			
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Stephen Slade			Date of Receipt
	Mailing Address 444 N. Capitol Street,	Suite 841		03 31 2007
	City	State	Zip Code	Transaction ID: C9267494
	Washington	DC	20001	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			300.00
	Name of Employer Occupation Davidoff & Malito LLP		1	Limit Increased Day to Conseque
		Partner C	valo to Doto	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2008  X Primary General	Election C	ycle-to-Date ▼	
	Other (specify)		500.00	
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٩	IIRTOTAL of Receipts This Page (optional)			3000.00
s	UBTOTAL of Receipts This Page (optional)			3000.00

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS	1	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 93 (check only one)  X 11a 11b 11c 11d 11d 13b 14 15
Ang or f	y information copied from such Reports and for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) Arthur Stampleman Mailing Address 720 Milton Rd, Apt. V City Rye	V2B State NY	Zip Code 10580	Date of Receipt  0 3 2 0 2 0 7  Transaction ID: C9261381
	FEC ID number of contributing federal political committee.  Name of Employer N/A  Receipt For: 2008	Occupation Retired		Amount of Each Receipt this Period  1000.00  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) S. Donald Sussman  Mailing Address 100 Sterling Rd			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Greenwich	State CT	Zip Code 06831	Transaction ID: C9267491  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Paloma Partners Management  Receipt For: 2008  X Primary General  Other (specify) ▼	Occupation President		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
_	Full Name (Last, First, Middle Initial) S. Donald Sussman			Date of Receipt
	Mailing Address 100 Sterling Rd			03 31 7 2007
	City Greenwich	State CT	Zip Code 06831	Transaction ID: C9267492  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2300.00
	Name of Employer Paloma Partners Management  Receipt For: 2008 Primary X General Other (specify)	Occupation President Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SI	JBTOTAL of Receipts This Page (optional)			5600.00
TC	OTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 93 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 11d 11d 12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۸.	Full Name (Last, First, Middle Initial) Deborah Szekely			Date of Receipt
	Mailing Address 3232 Dove Street			03 20 2007
	City San Diego	State CA	Zip Code 92103	Transaction ID: C9261378  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	02100	1000.00
	Name of Employer Rancho La Puerta  Receipt For: 2008  X Primary General	Occupatio Co-Foun Election C		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Other (specify)		1000.00	
3.	Full Name (Last, First, Middle Initial) Marlo Thomas	•		Date of Receipt
	Mailing Address 420 East 54th Street	03 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City New York	State NY	Zip Code 10022	Transaction ID: C9265945
	FEC ID number of contributing federal political committee.	C	10022	Amount of Each Receipt this Period  2300.00
	Name of Employer Self-Employed  Receipt For: 2008	Occupatio Actress	n Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		2900.00	
— Э.	Full Name (Last, First, Middle Initial) Marlo Thomas			Date of Receipt
	Mailing Address 420 East 54th Street	#30F		03 30 2007
	City New York	State NY	Zip Code 10022	Transaction ID: C9265946  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	600.00
	Name of Employer Self-Employed	Occupatio Actress	n	Limit Increased Due to Opponent's
	Receipt For: 2008  ☐ Primary X General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 2900.00	Spending (2 U.S.C. 441a(i)/441a-1)
S	UBTOTAL of Receipts This Page (optional) .			3900.00
T	OTAL This Period (last page this line number	r only)		

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	CHEDULE A (FEC Form 3 )		Use separate schedule(s)	(check only one)				
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or f	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
$\rangle$	Nita Lowey for Congress							
_	Full Name (Last, First, Middle Initial)							
	John L Tishman			Date of Receipt				
	Mailing Address 147 Mianus River Road	1		03 23 2007				
	City	State	Zip Code	Transaction ID: C9261893				
	Bedford	NY	10506	Amount of Each Receipt this Period				
	FEC ID number of contributing			2200.00				
	federal political committee.	C		2300.00				
	Name of Employer Tishman Realty & Construc-	Occupation		7				
	tion Co		ate/Construction Exec.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Sportaing (2 0.0.0. 4414(1)/4414 1)				
	X Primary General Other (specify) ▼	' '	4600.00					
	Carior (openity)		0 0 0 0 0 0 0	1				
_	Full Name (Last, First, Middle Initial)			Data of Basada				
	John L Tishman	J		Date of Receipt				
	Mailing Address 147 Mianus River Road	1		03 23 2007				
	City	State	Zip Code	Transaction ID: C9261894				
	Bedford	NY	10506	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		2300.00				
	federal political committee.	<u> </u>						
	Name of Employer	Occupation	n	7				
	Tishman Realty & Construction Co	Real Esta	ate/Construction Exec.	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 0.5.0. 441a(1)/441a-1)				
	Primary X General	' '	4600.00					
	Other (specify)							
_	Full Name (Last, First, Middle Initial) Anthony Uzzo			Date of Receipt				
	Mailing Address 14 Hampton Road			M M / D D / Y Y Y Y				
				01 16 2007				
	City	State	Zip Code	Transaction ID: C8356606				
	Purchase	NY	10577	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.							
	Name of Employer A. Uzzo & Company CPA's	Occupation	n	Limit Ingressed Due to Organization				
	PC Receipt For: 2008	CPA Election C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
	X Primary General	LIECTION C	yol <del>o-</del> lo-Dale ♥	1				
	Other (specify)		1000.00					
				4				
	SUPTOTAL of Descripto This Descriptorally							
SI	JBTOTAL of Receipts This Page (optional)		······					
TC	OTAL This Period (last page this line number of	only)						

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 93
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X   11a   11b   11c   11d   12   13a   13b   14   15
Any information copied from such Reports and Sta	atements may not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the n	name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Nita Lowey for Congress		
Full Name (Last, First, Middle Initial)		
A. Charles Weinberg		Date of Receipt
Mailing Address 56 Old Colony Road		03 19 2007
City	State Zip Code	Transaction ID: C9261060
<u>Hartsdale</u>	NY 10530	Amount of Each Receipt this Period
FEC ID number of contributing		500.00
federal political committee.	C	300.00
Name of Employer	Occupation	7
N/A	Retired	Limit Increased Due to Opponent's
Receipt For: 2008	Election Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify)	500.00	
☐ Otilici (specily) ♥		1
Full Name (Last, First, Middle Initial)		
Leslie Williams		Date of Receipt
Mailing Address 376 Harris Road	02 05 2007	
City	State Zip Code	Transaction ID: C9224602
Bedford Hills	NY 10507	Amount of Each Receipt this Period
FEC ID number of contributing	C	2300.00
federal political committee.		2000.00
Name of Employer N/A	Occupation	7
	Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	Spending (2 0.5.0. 441a(i)/441a-1)
X Primary General Other (specify) ▼	3800.00	
Cirici (specify)	0 0 0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial)		
Leslie Williams		Date of Receipt
Mailing Address 376 Harris Road		02 05 2007
City	State Zip Code	Transaction ID: C9224603
Bedford Hills	NY 10507	Amount of Each Receipt this Period
FEC ID number of contributing	С	1500.00
federal political committee.		1000.00
Name of Employer N/A	Occupation	7
	Homemaker	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008	Election Cycle-to-Date ▼	— Sponding (2 0.0.0. 4414(1)/4414 1)
Primary X General Other (specify) ▼	3800.00	
	0 0 0 0 0 0 0 0 0	1
		4000.00
SUBTOTAL of Receipts This Page (optional)	·····	4300.00
TOTAL This David (lest need this line and the		107100.00
TOTAL This Period (last page this line number or	ı iiy)	

FOR LINE NUMBER: PAGE 34/93 SCHEDULE A (FEC Form 3 ) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a X 11b 11c Detailed Summary Page 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee Date of Receipt Mailing Address 430 South Capitol Street 0.1 31 200.7 City State Zip Code Transaction ID: C9247228 Washington DC 20003 Amount of Each Receipt this Period FEC ID number of contributing 8.01 C C00000935 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General \* In-Kind: Fundraising Se-8.01 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	8.01
TOTAL This Period (last page this line number only)	<b>•</b>	8.01

	CHEDULE A (FEC Form 3 ) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 93 (check only one)				
An or f	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress		,,					
Α.	Full Name (Last, First, Middle Initial) AHCA-PAC  Mailing Address	State DC	Zip Code 20005 0006080	Date of Receipt    M M				
	Receipt For: 2008  X Primary General  Other (specify) ▼	Election C	Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
3.	Full Name (Last, First, Middle Initial) Aircraft Owners and Pilots Association PAC Mailing Address 421 AVIATION WAY  City	State	Zip Code	Date of Receipt  O 3				
	FREDERICK  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General  Other (specify)   Other (specify)	Occupation	21701 0131185 n Cycle-to-Date ▼	Amount of Each Receipt this Period  1000.00  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
Э.	Full Name (Last, First, Middle Initial)  AMERICAN ACADEMY OF SLEEP MEDICINE P  Mailing Address One Westbrook Corpo Suite 920  City  Westchester  FEC ID number of contributing federal political committee.	State	Zip Code 60154	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Employer  Receipt For: 2008  X Primary General  Other (specify) ▼	Occupation C	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)				
SI	SUBTOTAL of Receipts This Page (optional)							
T	TOTAL This Period (last page this line number only)							

S	CHEDULE A (FEC Form 3 )		Harasana L. I.I.	FOR LINE NUMBER: PAGE 36 / 93			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d			
_				12 13a 13b 14 15			
An or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)						
$\rangle$	Nita Lowey for Congress						
۹.	Full Name (Last, First, Middle Initial) American Association for Justice PAC			Date of Receipt			
	Mailing Address 1050 31st Street, NW	<b></b>	71.0	03 / 29 / 2007			
	City	State DC	Zip Code	Transaction ID: C9266410			
	Washington	ЪС	20007	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C CO	0024521	2500.00			
	Name of Employer	Occupatio	n	Limit Increased Due to Opponent's			
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	X Primary General		2500.00	1			
	Other (specify)	0 0	0 0 0 0 0 0				
3.	Full Name (Last, First, Middle Initial) American Dental Political Action Committee			Date of Receipt			
	Mailing Address 1111 14th Street NW #1100			03 / 27 / 2007			
	City	State	Zip Code	Transaction ID: C9263611			
	Washington	DC	20005	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0000729	1000.00			
	Name of Employer	Occupatio	n	7			
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2008  X Primary General	Election C	Cycle-to-Date ▼	Sponding (2 3.3.3. Tria(i)/ Tria T/			
	Other (specify)		1000.00				
).	Full Name (Last, First, Middle Initial)  American Federation of Government Employees P	AC		Date of Receipt			
	Mailing Address 80 F Street, NW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: C9247226			
	Washington	DC	20001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0009936	500.00			
	Name of Employer	Occupatio	n	7			
				Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2008	Election C	Cycle-to-Date ▼	Spending (2 0.5.0. 441a(i)/441a-1)			
	X Primary General Other (specify) ▼	' '	500.00				
	Other (specify)	0 0	0 0 0 0 0 0 0				
s	SUBTOTAL of Receipts This Page (optional)						
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T	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form 3 )	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37/93							
ITEMIZED RECEIPTS	or each category of the	(check only one)							
· · · · · · · · · · · · · · · · · · ·	Detailed Summary Page	11a 11b X 11c 11d 11d 12 13a 13b 14 15							
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name	nts may not be sold or used by any person and address of any political committee to	n for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)									
Nita Lowey for Congress									
Full Name (Last, First, Middle Initial)  A. BAE Systems North America Political Action Cmte.		Date of Receipt							
Mailing Address 1300 N. 17th Street	7.0	03 / 30 / 2007							
•	tate Zip Code 'A 22209	Transaction ID: C9266650  Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.		1000.00							
Name of Employer Oc	cupation	Limit Increased Due to Opponent's							
Receipt For: 2008  X Primary General Other (specify)	ection Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)							
Full Name (Last, First, Middle Initial)  3. Crowell & Moring PAC		Date of Receipt							
Mailing Address 1001 Pennsylvania Ave, NW		03 / 23 / 2007							
,	tate Zip Code	Transaction ID: C9261890							
	OC 20004	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C00199869	500.00							
Name of Employer Oc	cupation	Limit Increased Due to Opponent's							
	ection Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)							
X Primary General Other (specify) ▼	500.00								
Full Name (Last, First, Middle Initial) C. CWA COPE PCC		Date of Receipt							
Mailing Address 501 Third Street NW #1073		03 23 2007							
•	tate Zip Code	Transaction ID: C9261902							
	OC 20001	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C00002089	2500.00							
Name of Employer Oc	cupation	Limit Increased Due to Opponent's							
Receipt For: 2008 Ele	ection Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)							
X Primary General Other (specify)	2500.00								
SUBTOTAL of Receipts This Page (optional)									
TOTAL This Period (last page this line number only)	<b>&gt;</b>								

SCHEDULE A (FEC FOITEMIZED RECEIPTS	orm 3 )	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 93 (check only one)  11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Fit Nita Lowey for Congress	(III)		
Full Name (Last, First, Middle I GENERAL DYNAMICS VOLUNT Mailing Address 2941 Fairv Suite 100		ON	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C9261897
Falls Church  FEC ID number of contributing federal political committee.		22042 0078451	Amount of Each Receipt this Period  1000.00
Name of Employer  Receipt For: 2008  X Primary General Other (specify) ▼		cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Suite 900	nsylvania Ave, NW	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Washington	State DC	Zip Code 20004	Transaction ID: C9266414
FEC ID number of contributing federal political committee.		0350744	Amount of Each Receipt this Period  2500.00
Name of Employer  Receipt For: 2008  X Primary General  Other (specify) ▼		cycle-to-Date ▼ 2500.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle I Greenberg Traurig Hoffman Lipof Mailing Address 1300 Conr			Date of Receipt
Cit.	Otata	7ia Cada	03 29 2007
City Washington	State DC	Zip Code 20036	Transaction ID: C9266413  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0266585	1000.00
Name of Employer	Occupation	n	Limit Ingressed Due to Occurrent
Receipt For: 2008  X Primary General Other (specify) ▼		Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page	ge (optional)	)	4500.00
TOTAL This Period (last page th	is line number only)		

SCHEDULE A (FEC F ITEMIZED RECEIPTS	i	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 93 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15					
Any information copied from such or for commercial purposes, other	Reports and Statements may than using the name and add	not be sold or used by any persol dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.					
NAME OF COMMITTEE (In Final Nita Lowey for Congress	ull)							
Full Name (Last, First, Middle I Holland & Knight Committee for E Mailing Address 2099 Penr			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: C9247227					
Washington	DC	20006	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	<b>C</b> C00	0171330	500.00					
Name of Employer	Occupation	1	Limit Increased Due to Opponent's					
Receipt For: 2008  X Primary General Other (specify) ▼		ycle-to-Date ▼ 500.00	Spending (2 U.S.C. 441a(i)/441a-1)					
Full Name (Last, First, Middle I HUMANE USA POLITICAL ACTI	ON COMMITTEE		Date of Receipt					
Mailing Address PO BOX 1  City	19224 State	Zip Code	03 29 2007					
Washington	DC	20036	Transaction ID: C9266415  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		0350439	1000.00					
Name of Employer	Occupation	1	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
Receipt For: 2008  X Primary Genera  Other (specify) ▼		ycle-to-Date ▼ 1000.00	Speriality (2 0.3.0. 441a(I)/441a-1)					
Full Name (Last, First, Middle International Union Of Operating	•		Date of Receipt					
	santville Road	7'. 0.1	03 / 000 / 2007					
City Briarcliff Manor	State NY	Zip Code 10510	Transaction ID: C9265922  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		0114371	2500.00					
Name of Employer	Occupation	1	Limit Increased Due to Opponent's					
Receipt For: 2008  X Primary General Other (specify) ▼		ycle-to-Date ▼ 2500.00	Spending (2 U.S.C. 441a(i)/441a-1)					
SUBTOTAL of Receipts This Pa	ge (optional)	<b>)</b>	4000.00					
TOTAL This Period (last page th	is line number only)							

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS	or ea	separate schedule(s) ch category of the lled Summary Page	FOR LINE NUMBER: PAGE 40 / 93 (check only one)  11a 11b X 11c 11d 11d 12 13a 13b 14 15
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be s name and address of a	sold or used by any perso any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) National Air Traffic Controllers Association PAC Mailing Address 1325 Massachusetts A  City Washington  FEC ID number of contributing federal political committee.  Name of Employer	State Zip DC 200  C C0023872	5	Date of Receipt    M M
Receipt For: 2008  X Primary General  Other (specify) ▼	Election Cycle-to-E	Date ▼ 1000.00	Speriding (2 0.3.0. 441a(1)/441a-1)
Full Name (Last, First, Middle Initial)  NEW YORK LIFE INSURANCE COMPANY POI  Mailing Address 51 Madison Ave. Room 1900  City  New York  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008  X Primary General Other (specify)		1	Date of Receipt  M M / D D / Y Y Y Y Y Y  Transaction ID: C9265444  Amount of Each Receipt this Period  2500.00  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) PMA Group PAC  Mailing Address 1755 Jefferson Davis  City Arlington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: 2008 X Primary General Other (specify)		1	Date of Receipt  M M M / 23 / 2007  Transaction ID: C9261887  Amount of Each Receipt this Period  1000.00  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional)		······	4500.00
TOTAL This Period (last page this line number	only)		

PAGE 41/93 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) UNITED ASSOCIATION POLITICAL EDUCATION COMMITTEE Date of Receipt Mailing Address 901 Massachusetts Avenue NW 03 3 0 2007 City State Zip Code Transaction ID: C9266649 Washington DC 20001 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C C00012476 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Washington PAC Date of Receipt Mailing Address 444 N Capitol Street NW #712 0 3 06 2007 City Zip Code State Transaction ID: C9247225 Washington DC 20001 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C C00138560 federal political committee. Name of Employer Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2008 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	6000.00
TOTAL This Period (last page this line number only)	<u> </u>	30000.00

SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 93 (check only one)  11a 11b 11c 11d 12 13a 13b 14 14 15
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) Citibank, N.A. Mailing Address PO Box 5870  City New York FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:	State NY C Occupation	Zip Code 10163  n  Cycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼	Licotion	5236.95	
Full Name (Last, First, Middle Initial) Citibank, N.A. Mailing Address PO Box 5870  City New York	State NY	Date of Receipt  0 2 2 8 2 0 0 7  Transaction ID: C9276726  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼	Occupation  Election C	n Cycle-to-Date ▼ 5236.95	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) Citibank, N.A. Mailing Address PO Box 5870  City New York  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State NY  C  Occupation  Election C	Zip Code 10163 n Cycle-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		)	2900.91
TOTAL This Period (last page this line number	er only)		2900.91

<u> </u>					
	CHEDULE B (FEC Form 3)	Use seperate schedul		FOR LINE (check onl	NUMBER: PAGE 43/93
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa		` <b>-</b>	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and for commercial purposes, other than using th				
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) Beta Parking				Transaction ID: D174028 Date of Disbursement  0 1
	Mailing Address 545 5th Avenue				01 10 2007
	City New York	State Zip Code NY 10017			Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Parking			•	400.00  Refund or Disposal of Excess
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sbursement For:  Primary Gene Other (specify) ▼	ral		
	State: District:				
В.	Full Name (Last, First, Middle Initial) Beta Parking				Transaction ID: D174029 Date of Disbursement
	Mailing Address 545 5th Avenue				$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D & D \\ 0 & 9 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	City New York	State Zip Code NY 10017			Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Parking			•	200.00  Refund or Disposal of Excess
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	sbursement For:  Primary Gene Other (specify) ▼	ral		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Beta Parking				Transaction ID: D174030 Date of Disbursement
	Mailing Address 545 5th Avenue				03 / 05 / 2007
	City New York	State Zip Code NY 10017			Amount of Each Disbursement this Period
	Purpose of Disbursement				200.00
	Monthly Parking Candidate Name			ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate	sbursement For: Primary Gene	ral		
	President State: District:	Other (specify)			
s	UBTOTAL of Disbursements This Page (opt	iional)		<b>&gt;</b>	800.00

SCHEDULE B (FEC Form 3)		11				FOR LINE NUMBER: PAGE 44 / 93					
ITEMIZED DISBURSEMENTS		for each category of the	Use seperate schedule(s) for each category of the			y one)					
		Detailed Summary Page			X 17   20a	$\dashv$	18 20b	ŀ	19:		19b 21
	y Information copied from such Reports and St								licating	cont	
or	for commercial purposes, other than using the	ame and address of any politica	II COII	imittee to soi	icit contri	Duti	ons i	roi	m sucr	COIT	mittee
$ \rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress										
Α.	Full Name (Last, First, Middle Initial) Bridges to Community				Transa Date o		-			)87	
	Mailing Address 95 Croton Ave					_	/ D		D /	Y	2007
	City Ossining	State Zip Code NY 10562			Amour	nt o	f Eacl	h [	Disbur	seme	nt this Period
	Purpose of Disbursement Journal Advertisement	10002	Г	•	Bo	fun	d or F	)ic	posal	of Ev	250.00
	Candidate Name		С	ategory/ Type	L Co	ntril		าร	Requi		
	Office Sought: House Disb Senate President	ursement For:  Primary  General  Other (specify) ▼	•								
	State: District:										
В.	Full Name (Last, First, Middle Initial) Chase Merchant Services						sburs	sei		990	
	Mailing Address 45 Knollwood Road							0	2 /	Y	2007
	City Elmsford	State Zip Code NY 10523			Amour	nt o	f Eacl	h [	Disbur	seme	nt this Period
	Purpose of Disbursement Merchant Fees			73.05  Refund or Disposal of Excess							
	Candidate Name		С	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53	nder					
	Office Sought: House Disb Senate President	rrsement For: Primary General Other (specify) ▼									
	State: District:										
C.	Full Name (Last, First, Middle Initial) Chase Merchant Services				Transa Date o					991	
	Mailing Address 45 Knollwood Road		0 2	M .	/ D	0	2 /	Y	2007		
	City Elmsford	State Zip Code NY 10523			Amour	nt o	f Eac	h [	Disbur	seme	nt this Period
	Purpose of Disbursement						_				73.05
	Merchant Fees Candidate Name	C	ategory/ Type	L Co	ntril		าร	posal ( Requii ).53			
	Office Sought: House Disb Senate President	rrsement For:  Primary General  Other (specify) ▼	I	Nr. f							
	State: District:	<i>5 a.i.o.</i> (opcoin)) ▼									
s	SUBTOTAL of Disbursements This Page (option	al)		<u></u>					•		396.10

SCHEDULE B (FEC Form 3 )					FOR LINE NUMBER:				PAGE 45/93			
ITEMIZED DISBURSEMENTS		-	Use seperate schedule(s) for each category of the			(check onl						
_			Detailed	Summary Page		_	X 17 20a		18 20b	19 20		19b 21
	y Information copied from such Repo for commercial purposes, other than											
Ν	NAME OF COMMITTEE (In Full)											
V	Nita Lowey for Congress											
Α.	Full Name (Last, First, Middle Initial Chase Merchant Services	)							on ID: sburse	D1739	992	
	Mailing Address 45 Knollwoo	d Road					0 <sup>M</sup> 3	M	<sup>D</sup> 0	<sup>D</sup> /	Y	2007
	City Elmsford		State NY	Zip Code 10523			Amou	int of	Each	Disbur	seme	nt this Period
	Purpose of Disbursement Merchant Fees				Г		Be	efund	d or Di	sposal	of Exc	73.05
	Candidate Name					ategory/ Type	C	ontrib		Requi		
	Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	General ecify) ▼								
	State: District:											
В.	Full Name (Last, First, Middle Initial Citibank, N.A.	)					Date	of Di	sburse			
	Mailing Address PO Box 587	0					0 3	M		1 /	Y .	ž 0 0 7 °
	City New York		State NY	Zip Code 10163			Amou	int of	Each	Disbur	seme	nt this Period
	Purpose of Disbursement Federal Income Tax		Refund or Disposal of Excess			2142.70 cess						
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53				nder	
	Office Sought: House Senate	Disburse	Primary	General								
	State: President District:		Other (spe	eciry) 🔻								
	Full Name (Last, First, Middle Initial	L)					Trans	acti	on ID:	D1713	271	
C.	Democratic Congressional Ca		nmittee				Date		sburse	ement		Y
	Mailing Address 430 South C	apitol Street					0 1		3	1 1		2007
	City Washington		State DC	Zip Code 20003			Amou	int of	Each	Disbur	seme	nt this Period
	Purpose of Disbursement					•						8.01
	Fundraising Services  Candidate Name  Category  Type							ontrib		sposal s Requi 0.53		
	Office Sought: House Senate President		Primary	2008 General		<u> </u>	* in-ki	ind i	eceiv	ed ·		
	State: District:		Other (spe	5011 <b>y)</b> ▼								
s	SUBTOTAL of Disbursements This P	age (optional) .				<b>&gt;</b>						2223.76

<b>5</b> (	CHEDULE B (FECFORIII 3 )	Use seperate schedule(s)		NUMBER: PAGE 46/93
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	( one)
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) District Supply Center  Mailing Address 2711 Buford Rd Suite 40	7		Transaction ID: D174111 Date of Disbursement  M D D D D D D D D D D D D D D D D D D
				,
	•	State Zip Code VA 23235		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Supplies Candidate Name		Category/ Type	919.75  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Туре	
3.	Full Name (Last, First, Middle Initial) Sarah Eckstein			Transaction ID: D174093 Date of Disbursement
	Mailing Address 15 Carlin Street			$\begin{bmatrix} M & M & M \\ O & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ O & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & O & 7 \end{bmatrix}$
	•	State Zip Code CT 06851		Amount of Each Disbursement this Period 65.33
	Health Insurance Reimbursement  Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		
Э.	Full Name (Last, First, Middle Initial) Sarah Eckstein			Transaction ID: D174094 Date of Disbursement
	Mailing Address 15 Carlin Street			$\begin{bmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D & D \\ 1 & 1 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
		State Zip Code CT 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll			1284.77  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		
S	UBTOTAL of Disbursements This Page (optional) .		<b></b>	2269.85
T	OTAL This Period (last page this line number only)			

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	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENTS	for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 47 / 93 / r one)  X 17
	y Information copied from such Reports and for commercial purposes, other than using the such as the s				or the purpose of solicating contributions
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) Sarah Eckstein  Mailing Address 15 Carlin Street				Transaction ID: D174095 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Norwalk	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Candidate Name		00001	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House I Senate President State: District:	Disbursement For: Primary Other (spe	General ecify)	Турс	
В.	Full Name (Last, First, Middle Initial) Sarah Eckstein  Mailing Address 15 Carlin Street				Transaction ID: D174096 Date of Disbursement  0 2 0 0 8 2 0 0 7
	City Norwalk	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Purpose of Disbursement Health Insurance Reimbursement Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	Disbursement For: Primary Other (spe	General cify) ▼	.,,,,,	
<u> </u>	State: District:  Full Name (Last, First, Middle Initial)  Sarah Eckstein				Transaction ID: D174097 Date of Disbursement
	Mailing Address 15 Carlin Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} M & M \\ D & A \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \\ A & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} \ \ \\ \begin{bmatrix} M & M \\ Z & D & O & T \\ Z & D & D \\ Z & D \\ Z & D \\ Z & D &$
	City Norwalk  Purpose of Disbursement	State CT	Zip Code 06851		Amount of Each Disbursement this Period
	Payroll  Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	Disbursement For: Primary Other (spe	General ecify) ▼		
	State: District:				2004.05
ء ا	IIRTOTAL of Dishursements This Page (o	ntional)			2384.25

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B (FEC Form 3)		·   U	Use seperate scriedule(s)			FOR LINE (check onli	NUMBER: PAGE 48 / 93
ITEMIZED DISBURSEMENTS				category of the Summary Page		` -	x 17
			Clairea C	Janimary 1 age			20a 20b 20c 21
	y Information copied from such Reports a for commercial purposes, other than usin						for the purpose of solicating contributions slicit contributions from such committee
Ν	NAME OF COMMITTEE (In Full)						
/	Nita Lowey for Congress						
<u></u>	Full Name (Last, First, Middle Initial)						Transaction ID: D174134
A.	Fairview Country Club						Date of Disbursement
	Mailing Address 1241 King Stree	t					$ \begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & 1 & D \\ 1 & 2 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
	City Greenwich	State CT	е	Zip Code 06831-2997			Amount of Each Disbursement this Period
	Purpose of Disbursement Catering				Т	•	5290.75
	Candidate Name					ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nt For: mary ner (spe	General		31	
	State: District:		(۵β۵	o <i>y</i> / <b>∀</b>			
_	Full Name (Last, First, Middle Initial)						Transaction ID: D173957
В.	FEDEX	Date of Disbursement					
	Mailing Address PO BOX 1140						$ \begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0$
	City	State	е	Zip Code 38101			Amount of Each Disbursement this Period
	Memphis  Purpose of Disbursement	TN		50.29			
	Deliveries					Refund or Disposal of Excess	
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate		mary	General			
	State: President District:	Otr	ner (spe	CITY)			
	Full Name (Last, First, Middle Initial)						Transaction ID: D173958
C.	FEDEX						Date of Disbursement
	Mailing Address PO BOX 1140						01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City Memphis	State TN	е	Zip Code 38101			Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries				Г	0	84.30  Refund or Disposal of Excess
	Candidate Name					ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disbursemen			_		
	Senate President		mary ner (spe	General			
	State: District:	0"	ioi (apo	~y/ ▼			
C C	IIRTOTAL of Dishursements This Page	(ontional)					5425.34

SCHEDULE B (FEC Form 3 )			3)	Use sep		E NUMBER: PAGE 49 / 93						49 / 93				
IT	EMIZED DIS	SBURSEMEN <sup>®</sup>	TS	for each	category of the Summary Page		(check onl	y one) X 17 20			18 20	, [		19a 20c	_	19b 21
		ed from such Reports rposes, other than usir														
$\setminus$	NAME OF COM	MITTEE (In Full)														
/	Nita Lowey for	Congress														
Α.	Full Name (Last, FEDEX	First, Middle Initial)						Transaction ID: D173959 Date of Disbursement								
	Mailing Address	PO BOX 1140						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$								
	City Memphis			itate ΓΝ	Zip Code 38101			Amount of Each Disbursement this Period								
	Purpose of Disbu	irsement				Г	•	41.93  Refund or Disposal of Excess								
	Candidate Name Category Type									ntri		ons	iR	equire		
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify)											
_	State:	District:														
В.	Full Name (Last, FEDEX				Da	te c	of D	isbu	rse	eme						
	Mailing Address PO BOX 1140								1	М		2	5		2	2 0 0 7 Y
	City Memphis			itate ΓΝ	Zip Code 38101			An	noui	nt o	f Ea	ch	Di	sburs	emer	t this Period
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	Candidate Name			С	ategory/ Type		Co	ntri		ons	iR	equire				
	Office Sought:	House Senate President		nent For: Primary Other (spe	General											
	State:	District:			•											
C.	Full Name (Last, FEDEX	First, Middle Initial)									<b>on</b> isbu	rse	eme		61	
	Mailing Address	PO BOX 1140						0	2 '	M	′	0	9	] /	Y 2	007
	City Memphis			state ΓN	Zip Code 38101			An	noui	nt o	f Ea	ch	Di	sburs	emer	t this Period
	Purpose of Disbu	ırsement						L				_	_			17.02
	Deliveries Candidate Name	С	ategory/ Type		Co	ntri		ons	iR	osal o equire 53						
	Office Sought:	House Senate President		nent For: Primary Other (spe	General		76-									
	State:	District:		Culoi (Spi	•••• <b>•</b>											
s	<b>UBTOTAL</b> of Disk	oursements This Page	(optional)				•		•	•	•	_			•	75.92

# SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 50 / 93 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D173962 A. FEDEX Date of Disbursement 0 9 0 2 2007 Mailing Address PO BOX 1140 City State Zip Code Amount of Each Disbursement this Period ΤN 38101 Memphis 64.81 Purpose of Disbursement Deliveries Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D173963 **FEDEX** Date of Disbursement 0 2 2007 Mailing Address PO BOX 1140 City State Zip Code Amount of Each Disbursement this Period 38101 Memphis TN 21.55 Purpose of Disbursement Deliveries Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D173964 C. FEDEX Date of Disbursement 2007 Mailing Address PO BOX 1140 City State Zip Code Amount of Each Disbursement this Period Memphis TN 38101 12.48 Purpose of Disbursement **Deliveries** Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District:

98.84

SUBTOTAL of Disbursements This Page (optional) ...

	CHEDULE B (FEC Form	-	Use seperate schedule(s)				FOR LINE NUMBER: (check only one)						PAGE 51 / 93		
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	y Information copied from such Reports for commercial purposes, other than us														
$\setminus$	NAME OF COMMITTEE (In Full)														
$\backslash$	Nita Lowey for Congress														
A.	Full Name (Last, First, Middle Initial) FEDEX						Transaction ID: D173965 Date of Disbursement								
	Mailing Address PO BOX 1140						03 06 7 2007								
	City Memphis		State TN	Zip Code 38101			Amount of Each Disbursement this Perio								
	Purpose of Disbursement Deliveries									d or [					
	Candidate Name					ategory/ Type				bution F.R. 4			uire	d Un	ider
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼											
	State: District:			·											
В.	Full Name (Last, First, Middle Initial) FEDEX					Date o	of D	ion IE	sei	men					
	Mailing Address PO BOX 1140				0 <sup>M</sup> 3	М	/ D	2	1 ·		Ž	007			
	City Memphis		State TN	Zip Code 38101			1	Amou	nt o	f Eac	h [	Disb	urse	men	t this Period
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	Candidate Name		ategory/ Type				bution F.R. 4			uire	d Un	der			
	Office Sought: House Senate President	Disburse	ment For: Primary Other (spe	General ecify) ▼											
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C.	Full Name (Last, First, Middle Initial) FEDEX							Date o	of D	ion IE	sei	men			
	Mailing Address PO BOX 1140							0 <sup>M</sup> 3	М	/ D	2	1 1		Ž	007
	City Memphis		State TN	Zip Code 38101			<i>A</i>	Amou	nt o	f Eac	h [	Disb	urse	men	t this Period
	Purpose of Disbursement Deliveries							Re	efun	d or [	Dis	pos	al of	Exc	12.60 ess
	Candidate Name		ategory/ Type	L			bution F.R. 4			uire	d Un	ider			
	Office Sought: House Senate President State: District:	Disburse	ment For: Primary Other (spe	General ▼											
	State: District:	1							_		_	_			
s	UBTOTAL of Disbursements This Pag	e (optional) .				<b>&gt;</b>		_		_				_	83.90
Т	OTAL This Period (last page this line n	umber only)				▶					_				

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	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	for each	erate schedule(s) category of the Summary Page	(check only	NUMBER: PAGE 52 / 93 y one)  X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam				for the purpose of solicating contributions
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140				Transaction ID: D173968 Date of Disbursement  0 3
	City Memphis	State TN	Zip Code 38101		Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	ement For: Primary Other (sp	General ecify) ▼	7,1-2	
В.	Full Name (Last, First, Middle Initial) FEDEX  Mailing Address PO BOX 1140				Transaction ID: D173969 Date of Disbursement  O 3
	City Memphis	State TN	Zip Code 38101		Amount of Each Disbursement this Period
	Purpose of Disbursement Deliveries Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disburs	ement For: Primary Other (sp	General ecify) ▼	7,1-2	
C.	Full Name (Last, First, Middle Initial) Ford Credit				Transaction ID: D174042 Date of Disbursement
	Mailing Address PO Box 220564				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 0 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Pittsburgh	State PA	Zip Code 15257-2564		Amount of Each Disbursement this Period 345.99
	Purpose of Disbursement Monthly Car Lease Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: Primary Other (sp	General ecify) ▼		
					387.04
l S	UBTOTAL of Disbursements This Page (optional)				307.04

SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	NUMBER: PAGE 53 / 93					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	_ i `	X 17 18 19a 19b 20a 20b 20c 21					
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
Nita Lowey for Congress								
Full Name (Last, First, Middle Initial)  Ford Credit			Transaction ID: D174043 Date of Disbursement					
Mailing Address PO Box 220564			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 2 & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 2 & 0 & 0 & 7 \\ & 2 & 0 & 0 & 7 \end{bmatrix}$					
City Pittsburgh	State         Zip Code           PA         15257-2564		Amount of Each Disbursement this Period					
Purpose of Disbursement Monthly Car Lease			345.99  Refund or Disposal of Excess					
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼							
Full Name (Last, First, Middle Initial)			Transaction ID: D174044					
Ford Credit			Date of Disbursement					
Mailing Address PO Box 220564			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
City Pittsburgh	State Zip Code PA 15257-2564		Amount of Each Disbursement this Period					
Purpose of Disbursement Monthly Car Lease			345.99  Refund or Disposal of Excess					
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
Office Sought:  Senate  President  State:  Disburs  Disburs  District:	ement For: Primary General Other (specify)							
Full Name (Last, First, Middle Initial)  Ford Credit			Transaction ID: D174045 Date of Disbursement					
Mailing Address PO Box 220564			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
City Pittsburgh	State         Zip Code           PA         15257-2564		Amount of Each Disbursement this Period					
Purpose of Disbursement Monthly Car Lease			345.99  Refund or Disposal of Excess					
Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)							
SUBTOTAL of Disbursements This Page (optional)			1037.97					
TOTAL This Period (last page this line number only)								

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5	CHEDULE B (FEC Form 3)	Use sep	erate schedule(s)	_	E NUMBER: PAGE 54/93		
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check on	X   17		
	y Information copied from such Reports and States for commercial purposes, other than using the r						
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	Nita Lowey for Congress						
Α.	Full Name (Last, First, Middle Initial) Found. for Public Schools of Tarrytown	S			Transaction ID: D174135 Date of Disbursement		
	Mailing Address of the Tarrytowns c/o	200 North B	r		$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 7 \\ 0 & 2 & 7 \end{bmatrix} \begin{bmatrix} 0 & 2 & 7 \\ 0 & 2 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix} $		
	City Sleepy Hollow	State NY	Zip Code 10591		Amount of Each Disbursement this Period		
	Purpose of Disbursement Journal Advertisement				250.00  Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disb Senate President	ursement For: Primary Other (sp	General ecify) ▼				
	State: District:		•				
В.	Full Name (Last, First, Middle Initial) G.E. Capital				Transaction ID: D173993 Date of Disbursement		
	Mailing Address PO BOX 642111	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City Pittsburgh		Amount of Each Disbursement this Period				
	Purpose of Disbursement Equipment Rental		•	180.21  Refund or Disposal of Excess			
	Candidate Name		Category/ Type  Contributions Required Under 11 C.F.R. 400.53				
	Senate President	ursement For: Primary Other (sp	General ecify) ▼				
	State: District:						
C.	Full Name (Last, First, Middle Initial) G.E. Capital				Transaction ID: D173994 Date of Disbursement		
	Mailing Address PO BOX 642111				$\begin{bmatrix} 0 & 1 & M & M & M & M & M & M & M & M & M$		
	City Pittsburgh	State PA	Zip Code 15264		Amount of Each Disbursement this Period		
	Purpose of Disbursement				202.21		
	Equipment Rental Candidate Name	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disb Senate President	ursement For: Primary Other (sp	General	Туре	-		
	State: District:	Other (sp	oony) <b>▼</b>				
s	UBTOTAL of Disbursements This Page (option	nal)			632.42		

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	) FOR LINE (check onl		
		for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
۹.	Full Name (Last, First, Middle Initial) G.E. Capital  Mailing Address PO BOX 642111		Transaction ID: D173995 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Pittsburgh	State Zip Code PA 15264		Amount of Each Disbursement this Period
	Purpose of Disbursement Equipment Rental  Candidate Name  Office Sought: House Disburse Senate President	ement For:  Primary General Other (specify)	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
3.	State: District:  Full Name (Last, First, Middle Initial)  Impressive Paper and Envelope Company	,		Transaction ID: D174053 Date of Disbursement
	Mailing Address 139 East Prospect Avenu		0 1 2 5 7 2 0 0 7	
		State Zip Code NY 10543		Amount of Each Disbursement this Period
	Purpose of Disbursement Printing and Postage Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For:    Primary   General     Other (specify)   \	Type	
	Full Name (Last, First, Middle Initial) Impressive Paper and Envelope Company	,		Transaction ID: D174054
	Mailing Address 139 East Prospect Avenu			Date of Disbursement  O 2 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mamaroneck	State Zip Code NY 10543		Amount of Each Disbursement this Period 762.68
	Purpose of Disbursement Printing			Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)		
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3024.88

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE I	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	·
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)  Jewish Tribune  Mailing Address 78 Randall Avenue			Transaction ID: D174055 Date of Disbursement  D1 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rockville Centre	State Zip Code NY 11570		Amount of Each Disbursement this Period
Purpose of Disbursement Journal Advertisement Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President State: District:	ement For: 2006 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)  3. Jewish Tribune			Transaction ID: D174056 Date of Disbursement
Mailing Address 78 Randall Avenue			01 10 2007
City Rockville Centre Purpose of Disbursement	State Zip Code NY 11570		Amount of Each Disbursement this Period 547.20
Journal Advertisement  Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)  Key Post Realty Corp.			Transaction ID: D174106 Date of Disbursement
Mailing Address PO Box 26			$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
City New Rochelle	State Zip Code NY 10802		Amount of Each Disbursement this Period
Purpose of Disbursement Office Rent Candidate Name	[	Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	2165.86
TOTAL This Period (last page this line number only)			

٠.	CHEDITE B (EEC Form 2.)			
	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s for each category of the	FOR LIN (check or	E NUMBER: PAGE 57 / 93 lly one)
••	EMIZED DISBURSEMENTS	Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Key Post Realty Corp.			Transaction ID: D174107 Date of Disbursement  0 1
	Mailing Address PO Box 26			
	•	State Zip Code NY 10802		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent			1466.66  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)	•	
_	State: District:			
В.	Full Name (Last, First, Middle Initial) Key Post Realty Corp.			Transaction ID: D174108 Date of Disbursement
	Mailing Address PO Box 26			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} & \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
	•	State Zip Code NY 10802		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent			1466.66  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ement For: Primary General Other (specify)		
	State: District:			
C.	Full Name (Last, First, Middle Initial) National Democratic Club			Transaction ID: D173970 Date of Disbursement
	Mailing Address 30 Ivy Street SE			$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
		State Zip Code DC 20003		Amount of Each Disbursement this Period
	Purpose of Disbursement Annual Dues			275.00
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	1 25.2	-
_	State: District:	• • • • • •		
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	3208.32

S	CHEDULE B (FEC Form 3 )	lise senera	te schedule(s)		NUMBER:	P	PAGE 58/93					
IT	EMIZED DISBURSEMENTS	for each cat		(check onl	y one) X 17 18 20a 20b	19a 20c		19b 21				
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
$\setminus$	NAME OF COMMITTEE (In Full)											
/	Nita Lowey for Congress											
Α.	Full Name (Last, First, Middle Initial) NetCampaign, LLC				Transaction ID: D174036 Date of Disbursement  M M M / D2 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Mailing Address 718 7th Street, NW Suite 300											
	City Washington		Zip Code 20001		Amount of Each Disbursement this Period							
	Purpose of Disbursement Web Hosting and Maintenance				75.00  Refund or Disposal of Excess							
	Candidate Name			Category/ Type	<b>=</b>							
	Senate President	ement For: Primary Other (specif	General y) ▼									
	State: District:											
В.	Full Name (Last, First, Middle Initial) NetCampaign, LLC			Transaction ID Date of Disburs	ement	37						
	Mailing Address 718 7th Street, NW Suite 300		02 / 0	9 /	Ž	0 0 7 Y						
	City Washington		Zip Code 20001		Amount of Eacl	n Disburse	emen	t this Period				
	Purpose of Disbursement Web Hosting and Maintenance				75.00  Refund or Disposal of Excess							
	Candidate Name			Category/ Type	Contribution 11 C.F.R. 4		d Un	der				
	Senate President	ement For: Primary Other (specif	General y) ▼									
	State: District:											
C.	Full Name (Last, First, Middle Initial) NetCampaign, LLC				Transaction ID Date of Disburs	ement						
	Mailing Address 718 7th Street, NW Suite 300				03 / 2	21	ž	0 0 7 Y				
	City Washington		Zip Code 20001		Amount of Eacl	n Disburse	emen	t this Period				
	Purpose of Disbursement						0	75.00				
	Web Hosting and Maintenance  Candidate Name		Category/ Type	Refund or E Contribution 11 C.F.R. 4	s Require							
	Office Sought: House Disburs Senate President	ement For: Primary Other (specif	General y) ▼	. 760								
	State: District:	(opcon	, ▼									
s	UBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>				225.00				

SCHEDULE B (FEC Form 3)					EOR LINE	NUMBER: PAGE 59 / 93							
	EMIZED DISBURSEME	-	Use seperate schedule(s) for each category of the			(check only		33730					
	EIVIIZED DISBURSEIVIE	NIS		Summary Page			X 17 18 20a 20b	$\square$	9a 20c	19b 21			
	y Information copied from such Repor for commercial purposes, other than u												
$\vdash$	NAME OF COMMITTEE (In Full)												
$\rangle$	Nita Lowey for Congress												
Α.	Full Name (Last, First, Middle Initial) NGP Software, Inc.						Transaction I Date of Disbu	sement					
	Mailing Address 5039 Connec	ticut Ave, N	W				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Washington		State DC	Zip Code 20008			Amount of Each Disbursement this Period						
	Purpose of Disbursement Software Rental Fees				Refund or		al of Exc						
	Candidate Name					tegory/ Гуре	Contribution 11 C.F.R.		uired U	nder			
	Office Sought: House Senate President	Disburse	ment For: Primary Other (sp	General ecify) ▼									
	State: District:												
В.	Full Name (Last, First, Middle Initial) Noam Bramson						Transaction I Date of Disbu						
	Mailing Address 201 Pinebroo	k Boulevard					0 1 /	10	Y	2007			
	City New Rochelle									nt this Period			
	Purpose of Disbursement Political Consulting Services		Refund or	Disposa		3750.00 cess							
	Candidate Name			tegory/ Гуре	Contribution 11 C.F.R.		uired U	nder					
	Office Sought: House Senate President	Disburse	ment For: Primary Other (sp	General									
	State: District:		O tio. (Op	Jo., y									
С.	Full Name (Last, First, Middle Initial) Noam Bramson						Transaction I						
	Mailing Address 201 Pinebroo	k Boulevard					0 2 / C			2 0 0 7 °			
	City New Rochelle		State	Zip Code			Amount of Eac	h Disb	urseme	nt this Period			
		NY	10804						3750.00				
	Purpose of Disbursement Political Consulting Services						Refund or		al of Exc	cess			
	Candidate Name		tegory/ Type	Contribution 11 C.F.R.		uired U	nder						
	Office Sought: House Senate President	Disburse	ment For: Primary Other (sp	General ecify) ▼									
	State: District:			-									
s	UBTOTAL of Disbursements This Pa	ge (optional) .				▶			(	00.000			

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	(vone) X 17
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial) Noam Bramson  Mailing Address 201 Pinebrook Boulevard	I		Transaction ID: D174080 Date of Disbursement
,	State Zip Code NY 10804		Amount of Each Disbursement this Period
Purpose of Disbursement Political Consulting Services Candidate Name  Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial)  3. Paychex, Inc.			Transaction ID: D174021 Date of Disbursement
Mailing Address 100 Painters Mill Road PO Box 388			01 10 2007
,	State Zip Code MD 21117	Category/	Amount of Each Disbursement this Period  103.62  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре	11 0.1 .11. 400.30
Full Name (Last, First, Middle Initial) Paychex, Inc.			Transaction ID: D174022 Date of Disbursement
Mailing Address 100 Painters Mill Road PO Box 388			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ Q & O & O & T \end{smallmatrix} \end{bmatrix} $
,	State Zip Code MD 21117		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) .		<b>)</b>	4398.80
TOTAL This Period (last page this line number only)			

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S	CHEDULE B	(FEC Form 3	Use sepe	erate schedule(s)	)		NUMBER: PAGE 61/93	
IT	EMIZED DIS	BURSEMENT	rs	for each	category of the Summary Page		(check only	y one) X 17 18 19a 19b 20a 20b 20c 21
								for the purpose of solicating contributions licit contributions from such committee
$\setminus$	NAME OF COMM	IITTEE (In Full)						
$ \rangle$	Nita Lowey for	Congress						
_	Full Name (Last, F	First, Middle Initial)						Transaction ID: D174023
Α.	Paychex, Inc.							Date of Disbursement
	Mailing Address	100 Painters Mil PO Box 388	l Road					$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & 2 & 1 \\ 3 & 1 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} N & 2 & 1 & 3 \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	City			State	Zip Code			Amount of Each Disbursement this Period
	Owings Mills			MD	21117			5.5.10
	Purpose of Disbur Payroll Taxes	sement						545.18  Refund or Disposal of Excess
	Candidate Name					ı	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General		.,,,,	
	State:	District:						
_	Full Name (Last, F	First, Middle Initial)						Transaction ID: D174024
B.	Paychex, Inc.							Date of Disbursement
	Mailing Address	100 Painters Mil PO Box 388	l Road					$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Owings Mills			State MD	Zip Code 21117			Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee							157.52 Refund or Disposal of Excess
	Candidate Name				ı	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General <b>▼</b>			
	State:	District:						
C.	Full Name (Last, F Paychex, Inc.	First, Middle Initial)						Transaction ID: D174025 Date of Disbursement
	Mailing Address	100 Painters Mil PO Box 388	l Road					$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Owings Mills			State MD	Zip Code 21117			Amount of Each Disbursement this Period
	Purpose of Disbur	sement						425.87
	Payroll Taxes Candidate Name					ı	ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:	House Senate	Disburse	ment For: Primary	General	I	71 .	
_	State:	President District:		Other (spe	ecify) 🔻			
s	SUBTOTAL of Disb	ursements This Page	(optional)				▶	1128.57

SCHEDULE B (FEC Form 3 )  Use seperate schedu					FOR LINE	-	62 / 93				
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		Detailed	Summary Page		Į	20a	Н	20b	ш	20c	21
	y Information copied from such Reports and State for commercial purposes, other than using the nar										
$\setminus$	NAME OF COMMITTEE (In Full)										
	Nita Lowey for Congress										
Α.	Full Name (Last, First, Middle Initial) Paychex, Inc.							sburse	emen	74026 it	
	Mailing Address 100 Painters Mill Road PO Box 388					0,3	M	1	2	/ Y	2007
	City Owings Mills	State MD	Zip Code 21117			Amou	nt of	Each	Disb	ourseme	nt this Period
	Purpose of Disbursement Payroll Service									al of Ex	
	Candidate Name				tegory/ Гуре			outions .R. 40		quired U	nder
	Office Sought:  House Senate President State: District:	Primary Other (spe	General ecify) ▼								
	Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	D17	74099	
Ь.	PCMS, LLC						of Di м	sburse			V
	Mailing Address 5304 McKinley Street					0 1		0	3	<u> </u>	ž 0 0 7 <sup>×</sup>
	City Bethesda	State MD	Zip Code 20814			Amou	nt of	Each	Disb		nt this Period
	Purpose of Disbursement Accounting Services									al of Ex	
	Candidate Name				tegory/ Гуре			outions .R. 40		quired U	nder
	Office Sought: House Disburs Senate President State: District:	Primary Other (spe	General ecify) ▼								
С.	Full Name (Last, First, Middle Initial) PCMS, LLC							on ID: sburse		74100 it	
	Mailing Address 5304 McKinley Street					0 2	М	<sup>D</sup> 0	9	/ Y	2007
	City Bethesda	State MD	Zip Code 20814			Amou	nt of	Each	Disb	ourseme	nt this Period
	Purpose of Disbursement Accounting Services									al of Ex	
	Candidate Name				tegory/ Γype			outions R. 40		quired U	nder
	Senate President	Primary Other (spe	General <b>▼</b>								
	State: District:								_		
s	UBTOTAL of Disbursements This Page (optional	)			•	<u></u>					3162.61
Т	OTAL This Period (last page this line number only	<i>(</i> )			•						

nage	e# 2/93056/608			
	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check on	PAGE 63 / 93    NUMBER: PAGE 63 / 93    X 17
	y Information copied from such Reports and Sta for commercial purposes, other than using the n			for the purpose of solicating contributions
	NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , , ,		
$\rangle$	Nita Lowey for Congress			
_	Full Name (Last, First, Middle Initial)			Transaction ID: D174101
A.	PCMS, LLC			Date of Disbursement
	Mailing Address 5304 McKinley Street			03
	City Bethesda	State Zip Code MD 20814		Amount of Each Disbursement this Period
	Purpose of Disbursement Accounting Services			935.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	rsement For: Primary General Other (specify)		
_				
В.	Full Name (Last, First, Middle Initial) PCMS, LLC			Transaction ID: D174102 Date of Disbursement
	Mailing Address 5304 McKinley Street			$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} & \begin{bmatrix} D & 0 & 5 \\ 0 & 5 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	City Bethesda	State Zip Code MD 20814		Amount of Each Disbursement this Period
	Purpose of Disbursement			19.85
	Postage Reimbursement Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disbuse     Senate   President     State: District:	rsement For: Primary General Other (specify)		
	Full Name (Last, First, Middle Initial)			- "
C.	Peake DeLancey Printers LLC			Transaction ID: D174084 Date of Disbursement
	Mailing Address 2500 Schuster Drive			011 / 25 / 2007
	City Cheverly	State Zip Code MD 20781		Amount of Each Disbursement this Period
	Purpose of Disbursement Printing			2972.27  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	rsement For: Primary General Other (specify)		
_	State: District:			

3927.12

SUBTOTAL of Disbursements This Page (optional) .....

SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS    Des eaperate schedule(s) for each category of the betaled Summary Page   Page   19	·	ET 21 930301 009				
Apry Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such co		· ·	for each category of	of the	(check only	one) 17
Nita Lowey for Congress  A: Pull Name (Last, First, Middle Initial) A: Peake DeL ancey Printers LLC  Mailing Address 2500 Schuster Drive  City State Zip Code Cheverly MD 20781  Purpose of Disbursement Printers LLC  Mailing Address 2500 Schuster Drive  Category' Type  Office Sought: House Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B: Peake DeL ancey Printers LLC  Mailing Address 2500 Schuster Drive  City State Zip Code Cheverly General Printers LLC  Mailing Address 2500 Schuster Drive  City State Zip Code Cheverly MD 20781  Purpose of Disbursement Printing Candidate Name  Category' Type  City State Zip Code Cheverly MD 20781  Purpose of Disbursement Printing Candidate Name  Category' Type  Category' Type  Transaction ID: D174109  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: D174109  Date of Disbursement this Period						r the purpose of solicating contributions
A Peake DeLancey Printers LLC  Mailing Address 2500 Schuster Drive  City State Zip Code Cheverly MD 20781  Purpose of Disbursement President State: District:  Full Name (Last, First, Middle Initial) Peake DeLancey Printers LLC  Miling Address 2500 Schuster Drive  Category' Type  Office Sought: House Senate Primary General Printing General Gibbursement General Gibbursement General Gibbursement General Gibbursement General Gibbursement General Gibbursement General Genera	$\rangle$					
City Cheverly MD 20781  Purpose of Disbursement Postage Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Purpose of Disbursement Priming Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) Purpose of Disbursement Priming Candidate Name  Office Sought: House Senate Primary General Disbursement Priming Candidate Name  Office Sought: House Senate Primary General Disbursement Priming Candidate Name  Office Sought: House Disbursement Primary General Disbursement District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Senate Primary General Disbursement Primary General Disbursement District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement Primary General Disbursement District:  City State Zip Code NY 10801  Purpose of Disbursement Event Primary General Disbursement District:  Office Sought: State Zip Code NY 10801  Purpose of Disbursement Category' Type  Office Sought: State Disbursement District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: State Disbursement District:  Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: Senate Primary General Disbursement District:  District: Primary General Disbursement District:  Office Sought: President Disbursement For: Senate Primary General Disbursement For: Senate Primary Ge	Α.	Peake DeLancey Printers LLC	<i>I</i> P			Date of Disbursement
Postage Gandidate Name  Category/ Type  Office Sought: House Senate Primary General Disbursement For:		City Cheverly	State Zip Coo	le		
Senate President State: District:    Full Name (Last, First, Middle Initial)   Peake DeLancey Printers LLC		Postage				Refund or Disposal of Excess Contributions Required Under
B. Peake DeLancey Printers LLC  Mailing Address 2500 Schuster Drive  City Cheverly State Zip Code Cheverly MD 20781  Purpose of Disbursement Printing Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) C. Jose Luis Ramirez  Mailing Address 202 Union Ave #5  City New Rochelle NY 10801  Purpose of Disbursement Event Photographer Candidate Name  Office Sought: House Senate Primary Other (specify)  Transaction ID: D174109 Date of Disbursement this Period  Transaction ID: D174109 Date of Disbursement  Date of Disbursement this Period  Transaction ID: D174109 Date of Disbursement  Date of Disburs		Senate President	Primary G	eneral		
City Cheverly State Zip Code MD 20781  Amount of Each Disbursement this Period  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Transaction ID: D174109 Date of Disbursement  State:  District:  Full Name (Last, First, Middle Initial)  Ct. Jose Luis Ramirez  Mailing Address 202 Union Ave #5  City New Rochelle NY 10801  Purpose of Disbursement Event Photographer Candidate Name  Office Sought:  Disbursement Event Photographer Candidate Name  Disbursement For:  Senate NY 10801  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought:  Office Sought:  House Senate Primary General Other (specify) ▼  State:  District:  Office Sought:  Office So	В.	Peake DeLancey Printers LLC				Date of Disbursement
Purpose of Disbursement Printing Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Category/ Type  Other (specify) ▼  Transaction ID: D174109 Date of Disbursement  Other (specify) ▼  Other (specify) ▼  City State Zip Code NY 10801  Purpose of Disbursement Event Photographer Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Other (specify) ▼		City	State Zip Coo			
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  C. Jose Luis Ramirez  Mailing Address 202 Union Ave #5  City State Zip Code New Rochelle NY 10801  Purpose of Disbursement Event Photographer  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District: Other (specify) ▼  Senate Primary General Other (specify) ▼  State: District: Other (specify) ▼  State: District: Other (specify) ▼		Purpose of Disbursement Printing	100			Refund or Disposal of Excess Contributions Required Under
Full Name (Last, First, Middle Initial) Jose Luis Ramirez  Mailing Address 202 Union Ave #5  City New Rochelle Purpose of Disbursement Event Photographer Candidate Name  Office Sought: House President State: District:  Transaction ID: D174109 Date of Disbursement  V Y Y O O 7  Amount of Each Disbursement this Period  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		Senate President	Primary G	eneral	Турс	
City New Rochelle Purpose of Disbursement Event Photographer Candidate Name  Office Sought: House Senate President State: District:  State Zip Code NY 10801  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	C.	Full Name (Last, First, Middle Initial)				Date of Disbursement
New Rochelle  Purpose of Disbursement  Event Photographer  Candidate Name  Office Sought: House Senate Primary General  President State: District:  NY 10801  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		Mailing Address 202 Union Ave #5				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ O & O & O \end{bmatrix}^{Y}$
Event Photographer  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Event Photographer  Category/ Type  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		New Rochelle		le		
Senate Primary General Other (specify) ▼ State: District:		Event Photographer  Candidate Name				Refund or Disposal of Excess Contributions Required Under
		Senate President	Primary G	eneral		
SURTOTAL of Dishursements This Page (ontional)		otate. District.				

SUBTOTAL of Disbursements This Page (optional) .....

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)	_	NUMBER: PAGE 65 / 93					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) X 17					
	y Information copied from such Reports and State for commercial purposes, other than using the na								
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress								
۹.	Full Name (Last, First, Middle Initial) Jose Luis Ramirez		Transaction ID: D174110 Date of Disbursement						
	Mailing Address 202 Union Ave #5			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$					
	City New Rochelle	State Zip Code NY 10801		Amount of Each Disbursement this Period					
	Purpose of Disbursement Photo Reprints Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under					
	Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼	Туре	11 C.F.R. 400.53					
3.	Full Name (Last, First, Middle Initial) Rockland Community Bulletin			Transaction ID: D174145 Date of Disbursement					
	Mailing Address 50 Melnick Drive			01 03 7 2007					
	City Monsey	State Zip Code NY 10952		Amount of Each Disbursement this Period					
	Purpose of Disbursement Journal Advertisment Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President State: District:	sement For:  Primary General  Other (specify) ▼							
Э.	Full Name (Last, First, Middle Initial) Ryan Phillips Utrecht & MacKinnon			Transaction ID: D173999 Date of Disbursement					
	Mailing Address 1133 Connecticut Aven	ue NW		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$					
	City Washington	State Zip Code DC 20036		Amount of Each Disbursement this Period					
	Purpose of Disbursement Legal Services			50.88  Refund or Disposal of Excess					
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼							
S	UBTOTAL of Disbursements This Page (optional	)	<b></b>	400.88					
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>						

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 66 / 93	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  X 17 18 19a 19b 20a 20b 20c 21	
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)  Ryan Phillips Utrecht & MacKinnon		Transaction ID: D174000 Date of Disbursement  0 3	
Mailing Address 1133 Connecticut Avenu		2007	
City Washington	State Zip Code DC 20036	Amount of Each Disbursement this Period	od
Purpose of Disbursement Legal Services Candidate Name	l l	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ement For:  Primary  General  Other (specify)	Type 11 C.F.N. 400.33	
Full Name (Last, First, Middle Initial)  Scarsdale Historical Society		Transaction ID: D173987 Date of Disbursement	
Mailing Address PO BOX 431		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Scarsdale Purpose of Disbursement Journal Advertisement	State Zip Code NY 10583	Amount of Each Disbursement this Period 250.00	od
Candidate Name	l l	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) State Insurance Fund		Transaction ID: D174082 Date of Disbursement	
Mailing Address Workers' Compensation	PO Box 4788	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
City Syracuse	State Zip Code NY 13221-4788	Amount of Each Disbursement this Period	od
Purpose of Disbursement Workers' Comp Insurance		836.19  Refund or Disposal of Excess	
Candidate Name		Attegory/ Type  Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)		1238.08	
TOTAL This Period (last page this line number only)		>	

Any I or for	Information copied from such Reports and Statem	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b	
or for				20a 20b 20c 21	
<u>۱</u>	i commercial purposes, other than using the name			for the purpose of solicating contributions licit contributions from such committee	
<u>/</u>	NAME OF COMMITTEE (In Full)				
	Nita Lowey for Congress				
	Full Name (Last, First, Middle Initial) Fhe Frost Group			Transaction ID: D174089 Date of Disbursement	
Ī	Mailing Address 2737 Devonshire Place, N	NW #325		$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$	
		State Zip Code DC 20008		Amount of Each Disbursement this Period	
	Purpose of Disbursement Fundraising Consulting Services			5000.00	
_	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ment For: Primary General Other (specify)			
	State: District:				
_	Full Name (Last, First, Middle Initial) The Frost Group			Transaction ID: D174090 Date of Disbursement	
N	Mailing Address 2737 Devonshire Place, N		$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & Z \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix}$		
	,	State Zip Code DC 20008		Amount of Each Disbursement this Period	
F	Purpose of Disbursement Fundraising Consulting Services Candidate Name	Source So			
	Jandidate Name		Type	11 C.F.R. 400.53	
	Senate President	ment For: Primary General Other (specify)			
	State: District: Full Name (Last, First, Middle Initial)				
	The Frost Group			Transaction ID: D174091 Date of Disbursement	
N	Mailing Address 2737 Devonshire Place, N	NW #325		03	
		State Zip Code DC 20008		Amount of Each Disbursement this Period	
F	Purpose of Disbursement Fundraising Consulting Services			Refund or Disposal of Excess	
_	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Senate President	ment For: Primary General Other (specify)			
S	State: District:				
SUI	BTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	15000.00	

21	CHEDULE B (FEC Form 3 )		1											
		Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 68/93										
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21										
	y Information copied from such Reports and Statem for commercial purposes, other than using the name													
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
$\backslash$	Nita Lowey for Congress													
	Full Name (Last, First, Middle Initial)		Transaction ID: D173982											
٦.	The National Herald Inc.			Date of Disbursement										
	Mailing Address Greek American Daily Ne 41-17 Crescent Street	ewspaper		01 1 0 3 7 2 0 0 7										
	,	State Zip Code NY 11101		Amount of Each Disbursement this Period										
	Purpose of Disbursement		· ·	132.00										
	Journal Advertisment			Refund or Disposal of Excess										
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53										
	Senate President	ement For: Primary General Other (specify)												
	State: District:  Full Name (Last, First, Middle Initial)													
3.	The National Herald Inc.			Transaction ID: D173983 Date of Disbursement										
	Mailing Address Greek American Daily Ne 41-17 Crescent Street	ewspaper		$\begin{bmatrix} M & M \\ 0 & 3 \end{bmatrix} \begin{bmatrix} D & D \\ 0 & 6 \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$										
		State Zip Code NY 11101		Amount of Each Disbursement this Period										
	Purpose of Disbursement Journal Advertisment			264.00  Refund or Disposal of Excess										
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53										
	Senate President	ment For: Primary General Other (specify)												
	State: District:													
Э.	Full Name (Last, First, Middle Initial) The Rockland Bulletin			Transaction ID: D174070 Date of Disbursement										
	Mailing Address 50 Melnick Dr.			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$										
	,	State Zip Code NY 10952		Amount of Each Disbursement this Period										
	Purpose of Disbursement	* *	250.00											
	Journal Advertisement		Refund or Disposal of Excess											
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53										
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)												
	State: District:													
s	UBTOTAL of Disbursements This Page (optional) .		<b>_</b>	646.00										

S	CHEDULE B (FEC Form 3	)	Use sepe	erate schedule(s)	\ I	-	NUMBER: PAGE 69 / 93						
IT	EMIZED DISBURSEMENT	ΓS	for each	category of the (		check onl) ז	<u> </u>						
			Detailed	Summary Page			X 17   18   19a   19b 20a   20b   20c   21						
	y Information copied from such Reports a for commercial purposes, other than usin						for the purpose of solicating contributions plicit contributions from such committee	_					
Λ	NAME OF COMMITTEE (In Full)												
/	Nita Lowey for Congress												
<u></u>	Full Name (Last, First, Middle Initial)						Transaction ID: D174067	_					
A.	U.S. Postmaster						Date of Disbursement						
	Mailing Address 620 Mamaroneo	k Ave					$ \begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix} \begin{bmatrix} 0 & 2 & 5 \\ 0 & 2 & 5 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 & 0 & 7 \\ 0 & 2 & 0 & 0 & 7 \end{bmatrix} $						
	City White Plains		State VY	Zip Code 10605			Amount of Each Disbursement this Period	_					
	Purpose of Disbursement PO Box Rental Fee						72.00  Refund or Disposal of Excess						
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House	Disburser				7,00							
	Senate   President		Primary Other (spe	General ecify)									
	State: District:							_					
В.	Full Name (Last, First, Middle Initial) U.S. Postmaster						Transaction ID: D174068 Date of Disbursement						
	Mailing Address 620 Mamaroneck Ave						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City		State	Zip Code			Amount of Each Disbursement this Period	-					
	White Plains		VY	10605			2000.00						
	Purpose of Disbursement PO Box Rental Fee				Refund or Disposal of Excess								
	Candidate Name			egory/ ype	Contributions Required Under 11 C.F.R. 400.53								
	Office Sought: House	Disburser											
	Senate President		Primary Other (spe	General									
	State: District:		Other (spe	(Ciry)									
	Full Name (Last, First, Middle Initial)						Transaction ID: D174092	_					
C.	Valhalla Schools Foundation						Date of Disbursement						
	Mailing Address PO Box						$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Valhalla		State VY	Zip Code 10595			Amount of Each Disbursement this Period	-					
	Purpose of Disbursement					-	250.00						
	Journal Advertisement		L		Refund or Disposal of Excess								
	Candidate Name					egory/ ype	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House	Disburser											
	Senate President		Primary Other (spe	General									
	State: District:		outer (ape	~y/ <b>▼</b>									
		, ,, .,					2322.00	_					
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SCHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 70 / 93
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  Nita Lowey for Congress			
Full Name (Last, First, Middle Initial)  A. Verizon Wireless			Transaction ID: D174001 Date of Disbursement
Mailing Address PO BOX 489			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & T \\ Y & Z & O & O & T \end{bmatrix}$
City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Service Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Senate President State: District:	rsement For:  Primary General  Other (specify) ▼	Type	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial)  B. Verizon Wireless			Transaction ID: D174002 Date of Disbursement
Mailing Address PO BOX 489			01
City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Service Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought:  Senate President State:  Disbur	rsement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Verizon Wireless			Transaction ID: D174003 Date of Disbursement
Mailing Address PO BOX 489			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & T \end{smallmatrix} \end{bmatrix}$
City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period
Purpose of Disbursement Cell Phone Service Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify)	і урс	
SUBTOTAL of Disbursements This Page (optiona	ı)		153.20
TOTAL This Period (last page this line number on			

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	CHEDULE B (FEC Form 3)	Use seperate schedule(s	)	FOR LINE				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	,	(check only	17 18 19a 19b 20a 20b 20c 21			
	y Information copied from such Reports and Sta for commercial purposes, other than using the r							
$\setminus$	NAME OF COMMITTEE (In Full)							
$ \rangle$	Nita Lowey for Congress							
Α.	Full Name (Last, First, Middle Initial) Verizon Wireless				Transaction ID: D174004 Date of Disbursement			
	Mailing Address PO BOX 489				$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&D\\2&1\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y\\2&0&0&7\end{smallmatrix}\end{bmatrix}$			
	City Newark	State Zip Code NJ 07101			Amount of Each Disbursement this Period			
	Purpose of Disbursement Cell Phone Service		Г	•	53.96  Refund or Disposal of Excess			
	Candidate Name		c	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disbring Senate President	rrsement For:  Primary General  Other (specify) ▼		Nr.				
	State: District:	(4)						
В.	Full Name (Last, First, Middle Initial) Verizon				Transaction ID: D174103 Date of Disbursement			
	Mailing Address 350 Granite Street		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 1 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$					
	City Braintree	State Zip Code MA 02184			Amount of Each Disbursement this Period			
	Purpose of Disbursement Office Phone Expense	634.65  Refund or Disposal of Excess						
	Candidate Name		C	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Senate President	orsement For:  Primary General  Other (specify) ▼						
	State: District:							
C.	Full Name (Last, First, Middle Initial) Verizon				Transaction ID: D174104 Date of Disbursement			
	Mailing Address 350 Granite Street				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} Y$			
	City Braintree	State Zip Code MA 02184			Amount of Each Disbursement this Period			
	Purpose of Disbursement	• •	319.48					
	Office Phone Expense Candidate Name	ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House Disb	rrsement For:  Primary General  Other (specify) ▼	<u> </u>	. , , , ,				
	State: District:							
s	UBTOTAL of Disbursements This Page (option	al)		▶	1008.09			

SCHEDULE B (FEC Form 3 )						EOD LINE	E NUMBER: PAGE 72/93							
	EMIZED DISBURSEMENTS			erate schedule(s) category of the		(check only		n.			PAG	IE /2/93		
	EMIZED DISBURSEMENTS			Summary Page			X 17 20a		18 20b	ш	19a 20c	19b 21		
	y Information copied from such Reports and for commercial purposes, other than using the													
Λ	NAME OF COMMITTEE (In Full)													
V	Nita Lowey for Congress													
^	Full Name (Last, First, Middle Initial)						-		'4148					
Α.	Westchester Arts Council							_	sburs		t			
	Mailing Address 31 Mamaroneck Av	ve				03								
	City		tate	Zip Code			Amou	int o	Each	Disb	ursem	ent this Pe	riod	
	White Plains		1Y	10601				-	-			250.00	,	
	Purpose of Disbursement Journal Advertisement						B <sub>4</sub>	afun	d or D	enoc	al of E			
	Candidate Name				C	ategory/	L Co	ontril	outions	s Rec	uired l			
						Туре	11	C.F	.R. 40	0.53				
			nent For:											
	Senate   President		Primary Other (sp	General										
	State: District:		Other (Spi	ecity) ♥										
_	Full Name (Last, First, Middle Initial)						Tranc	ooti	on ID	D17	4150			
В.	Westchester Coalition for the Hungry	y and							sburs					
	Matter Address						03 / 06 / 2007							
	Mailing Address and Homeless 48 Mamaroneck Ave, St						2007							
	City White Plains		tate VY	Zip Code 10601			Amou	int o	Each	Disb	ursem	ent this Pe	riod	
	Purpose of Disbursement	I'	N Y	10601		250.0					250.00			
	Journal Advertisement			Re	efun	d or D	spos	al of E						
	Candidate Name	С	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53										
	Office Sought: House D	isbursen	nent For:											
	Senate		Primary	General										
	President State: District:		Other (spe	ecity) 🔻										
_	Full Name (Last, First, Middle Initial)									D. 4 -				
C.	Westchester Jewish Chronicle						Date	of Di	sburs	emen	'4032 t		-	
	Mailing Address 141 Halstead Aven	nue					0 3	М	1	0	L	ž 0 0 7		
	City		tate VY	Zip Code 10543			Amou	int o	Each	Disb	ursem	ent this Pe	riod	
	Mamaroneck				-			275.00						
	Purpose of Disbursement Journal Advertisement						375.00						,	
	Candidate Name	ategory/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53											
	Office Sought: House D	isbursen	nent For:											
	Senate		Primary Other (sp	General										
	President													
_	State: District:													
s	UBTOTAL of Disbursements This Page (op	otional)				<b>•</b>			·			875.00		

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	(check only	NUMBER: PAGE 73 / 93 y one)  X 17	
	y Information copied from such Reports and State for commercial purposes, other than using the na			or the purpose of solicating contributions	
	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) Workers Memorial Monument Fund  Mailing Address 336 Central Park Ave			Transaction ID: D174152 Date of Disbursement  Date of Disbursement  Date of Disbursement	
	City White Plains Purpose of Disbursement	State Zip Code NY 10606		Amount of Each Disbursement this Period 250.00	
	Journal Advertisement  Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbur Senate President State: District:	ement For: Primary General Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)				
В.	Yonkers Chamber of Commerce			Transaction ID: D173986  Date of Disbursement	
	Mailing Address 20 South Broadway #13	$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & Z & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ & & Z & T \end{smallmatrix} & \begin{smallmatrix} Y & & Y & Y & Y \\ & & & Z & D & D & T \end{smallmatrix}$			
	City Yonkers	State Zip Code NY 10701		Amount of Each Disbursement this Period	
	Purpose of Disbursement Journal Advertisement	300.0  Refund or Disposal of Excess			
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)			
	Full Name (Last, First, Middle Initial)			- " - P.17007.1	
C.	American Express			Transaction ID: D173974 Date of Disbursement	
	Mailing Address PO BOX 1270			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$	
	City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period	
	Purpose of Disbursement		2468.15		
	Credit Card Payment Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)			
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional	)		3018.15	

C/	NUEDIU E D /EEC Forms (					
	CHEDULE B (FEC Form 3	Use seperate scriedule(s)			FOR LINE (check only	NUMBER: PAGE 74/93
ITEMIZED DISBURSEMENT		ΓS	for each category of the Detailed Summary Page		_ i `	X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports for commercial purposes, other than usin					for the purpose of solicating contributions
$\vdash$	NAME OF COMMITTEE (In Full)					
	Nita Lowey for Congress					
_	Full Name (Last, First, Middle Initial)					Transaction ID: D173975
A.	American Express					Date of Disbursement
	Mailing Address PO BOX 1270					$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City		State	Zip Code		Amount of Each Disbursement this Period
	Newark	l	NJ	07101		35.00
	Purpose of Disbursement Membership Fee					Refund or Disposal of Excess
	Candidate Name				Category/	Contributions Required Under
					Туре	11 C.F.R. 400.53
	Office Sought: House	Disburser				[MEMO ITEM]
	Senate		Primary	General		
	State: President  District:		Other (spe	сіту) 🔻		
	Full Name (Last, First, Middle Initial)					T IB D474070
В.						Transaction ID: D174073 Date of Disbursement
	Mailing Address					$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City		State	Zip Code		Amount of Each Disbursement this Period
	Mamaroneck		VY	10543		F0.70
	Purpose of Disbursement Travel Expense		53.79			
	Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House	Disburser	ment For:			[MEMO ITEM]
	Senate		Primary	General		
	President		Other (spe	cify) 🔻		
	State: District:					
C.	Full Name (Last, First, Middle Initial) Classic Valet Parking					Transaction ID: D174127
-	Classic valet Farking					Date of Disbursement
	Mailing Address 92 North Avenu	е				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City New Rochelle		State VY	Zip Code 10801		Amount of Each Disbursement this Period
	Purpose of Disbursement				-	1800.00
	Event Parking Services			Refund or Disposal of Excess		
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:		1 300	[MEMO ITEM]
	Senate		Primary	General		
	President		Other (spe	cify)		
	State: District:					
S	UBTOTAL of Disbursements This Page	(optional)				0.00

SC	CHEDULE B (FEC Form 3)	Llas concrete cohodulo(a)	FOR LINE	NUMBER: PAGE 75 / 93				
ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the	(check only					
		Detailed Summary Page	-	X 17   18   19a   19b   20a   20b   20c   21				
An	y Information copied from such Reports and State	 ments may not be sold or used	by any person f					
	for commercial purposes, other than using the nar							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
<u>/</u>	Nita Lowey for Congress							
	Full Name (Last, First, Middle Initial)			Transaction ID: D174005				
٩.	Golden Carriage Limousine			Date of Disbursement				
	Mailing Address 347 Midland Avenue			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Rye	NY 10580		104.50				
	Purpose of Disbursement Travel			184.50				
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under				
	Cardidate Name		Type	11 C.F.R. 400.53				
	Office Sought: House Disburs	sement For:	71	[MEMO ITEM]				
	Senate	Primary General						
	President	Other (specify)						
	State: District:							
3	Full Name (Last, First, Middle Initial)			Transaction ID: D173971				
•	Staples - Port Chester			Date of Disbursement				
	Mailing Address 515 Boston Post Road			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Port Chester	NY 10573		267.05				
	Purpose of Disbursement Office Supplies							
	Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under				
			Type	11 C.F.R. 400.53				
	Office Sought: House Disburs	sement For:		[MEMO ITEM]				
	Senate	Primary General						
	President State: District:	Other (specify)						
	State: District: Full Name (Last, First, Middle Initial)							
Э.	USPS			Transaction ID: D174058 Date of Disbursement				
	Mailing Address 620 Mamaroneck Ave			01				
	City White Plains	State Zip Code NY 10605		Amount of Each Disbursement this Period				
	Purpose of Disbursement	10005		78.00				
	Postage			Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburs	sement For:		[MEMO ITEM]				
	Senate	Primary General						
	President State: District:	Other (specify)						
	Olale. DISTIICT.							
S	SUBTOTAL of Disbursements This Page (optional)							
T	OTAL This Period (last page this line number only	v)						

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)		NUMBER: PAGE 76 / 93			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	X 17 18 19a 19b 20a 20b 20c 21			
Any Information copied from such Reports and State or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full) Nita Lowey for Congress						
Full Name (Last, First, Middle Initial) American Express  Mailing Address PO BOX 1270			Transaction ID: D173976 Date of Disbursement  M			
City Newark	State Zip Code NJ 07101		Amount of Each Disbursement this Period			
Purpose of Disbursement Credit Card Payment Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			
Office Sought:    House   Disburs	ement For: Primary General Other (specify)	Туре	11 O.I. 11. 400.00			
Full Name (Last, First, Middle Initial)  3. American Express			Transaction ID: D173977 Date of Disbursement			
Mailing Address PO BOX 1270			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$			
City Newark Purpose of Disbursement Membership Fee	State Zip Code NJ 07101	•	Amount of Each Disbursement this Period  35.00  Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
Office Sought:  Senate  President  State:  Disburs  Disburs  Senate	ement For: Primary General Other (specify)		[MEMOTIEM]			
Full Name (Last, First, Middle Initial) Citgo			Transaction ID: D174074 Date of Disbursement			
Mailing Address			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$			
City Mamaroneck	State Zip Code NY 10543		Amount of Each Disbursement this Period			
Purpose of Disbursement Travel Expense		• •	27.72  Refund or Disposal of Excess			
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]			
Office Sought:  Senate President  State:  Disburs  Disburs  President	ement For: Primary General Other (specify)		[INICINIO I I CINI]			
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only	·)	<b>&gt;</b>				

	CHEDULE B (FEC Form 3 ) EMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LIN (check c	NE NUMBER: PAGE 77 / 93    X   17	
	y Information copied from such Reports and St for commercial purposes, other than using the				
$\vdash$	NAME OF COMMITTEE (In Full)	,,			
$ \rangle$	Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) Golden Carriage Limousine  Mailing Address 347 Midland Avenue			Transaction ID: D174006 Date of Disbursement  0 2 7 2 7 2 0 0 7	
	34/ Midiarid Avertue			V	
	City Rye	State Zip Code NY 10580		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel			403.50  Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disk Senate President	oursement For: Primary General Other (specify)		[MEMO ITEM]	
	State: District:				
В.	Full Name (Last, First, Middle Initial) Kingsmill Resort			Transaction ID: D174077 Date of Disbursement	
	Mailing Address 1010 Kingsmill Road			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Williamsburg	State Zip Code VA 23185		Amount of Each Disbursement this Period	
	Purpose of Disbursement Travel	• •	1175.00  Refund or Disposal of Excess		
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53		
	Senate President	oursement For: Primary General Other (specify)		[MEMO ITEM]	
	State: District:  Full Name (Last, First, Middle Initial)			- II P 547000	
C.	Office Depot			Transaction ID: D173996 Date of Disbursement	
	Mailing Address 4455 Connecticut Av	enue NW		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City Washington	Amount of Each Disbursement this Period			
	Purpose of Disbursement Office Supplies	286.54  Refund or Disposal of Excess			
	Candidate Name	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disk Senate President	oursement For: Primary General Other (specify)	Туре	[MEMO ITEM]	
	State: District:	VI = 37 ♥			
s	UBTOTAL of Disbursements This Page (optio	nal)		0.00	

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SCHEDULE B (FEC Form 3 )  Use seperate schedule(s					NUMBER: PAGE 78/93					
ITEMIZED DISBURSEMENTS		DISBURSEMENTS for each category of the			(c	check only				
			Detailed	Summary Page		>	<b>→</b>	18	19a	19b
							20a	20b	20c	21
	y Information copied from such Reports for commercial purposes, other than usir									
$\setminus$	NAME OF COMMITTEE (In Full)									
V	Nita Lowey for Congress									
	Full Name (Last, First, Middle Initial)						Transac	tion ID: D	17397	3
A.	The State Insurance Fund							Disbursem		
							0 2 M	<sup>/</sup> 27	/ Y	2007
	Mailing Address GPO Box 5351						0 2	21		2007
	City		State	Zip Code			Amount	of Each Di	sburser	nent this Period
	New York		NY	10087						
	Purpose of Disbursement				,	-				1068.80
	Workers' Compensation Insurance							nd or Disp ributions F		
	Candidate Name				Cate	· ,		F.R. 400.		Under
	Office Sought: House	Diaburaa	mant Fari		Тур	pe	[MEMO			
	Office Sought: House Senate	Disbuise	ment For: Primary	General						
	President		Other (spe							
	State: District:		Culoi (ope	50.1 <i>y</i> ) <b>\</b>						
_	Full Name (Last, First, Middle Initial)						Transas	tion ID. D	17405	<u> </u>
В.							Transaction ID: D174059 Date of Disbursement			Ð
							M M	/ D D	/ Y	Y Y Y
	Mailing Address 620 Mamarone	ck Ave					0 2	2 7		ž 0 0 7 °
	City		State	Zip Code			Amount	of Each Di	sburser	nent this Period
	White Plains		NY	10605						
	Purpose of Disbursement						48.35			
	Postage							nd or Disp ributions F		
	Candidate Name				Cate			F.R. 400.		Onder
	Office Sought: House	Dioburoo	ment For:		Тур	þe	[MEMO	ITEM]		
	Senate	Disbuise	Primary	General						
	President		Other (spe							
	State: District:		(0)	<b>√</b>						
	Full Name (Last, First, Middle Initial)						Transac	tion ID: D	17307	Ω
C.	American Express							Disbursem		5
	<del></del>						M M	<sup>/</sup> 2 1	/ Y	2007
	Mailing Address PO BOX 1270						0 3	21		2007
	City		State	Zip Code			Amount	of Each Di	sburser	nent this Period
	Newark		NJ	07101						004.00
	Purpose of Disbursement									961.88
	Credit Card Payment Candidate Name Category							nd or Disp ributions F		
	Candidate Natife				Cate			F.R. 400.		
	Office Sought: House	Dishurse	ment For:		1 1	-~				
	Senate	2.000100	Primary	General						
	President		Other (spe							
	State: District:	_	` '	• , •						
										• • • • •
s	UBTOTAL of Disbursements This Page	(optional).				•	L			961.88

SCHEDULE B (FEC Form 3)			<b>\</b> _				50D   NIE	NUMBER: DAGE 70 / 02					
· · · · · · · · · · · · · · · · · · ·		·	Use seperate schedule(s)		FOR LINE (check only		E NUMBER: PAGE 79 / 93						
IT	EMIZED DIS	BURSEMENT	S		category of the Summary Page			X 17 20a	$\vdash$	18 20b	_	9a   0c	19b 21
An	y Information copied	from such Reports a	nd Stateme	nts may n	ot be sold or used	d by a	any person	for the pu	irpos	e of so	licatir	ig cont	ributions
	for commercial purpo	oses, other than using											
$\setminus$	NAME OF COMMI	, ,											
$\angle$	Nita Lowey for C												
A.	Full Name (Last, Find Golden Carriage							Transaction ID: D174007 Date of Disbursement					
	Mailing Address	347 Midland Ave	enue					0 3	M /	<sup>D</sup> 2	1 /	Y	2 0 0 7 °
	City Rye			tate IY	Zip Code 10580			Amou	ınt of	Each	Disbu	rseme	nt this Period
	Purpose of Disburs Travel	ement						R	efund	or Dis	sposa	l of Ex	115.50 cess
	Candidate Name						ategory/ Type	11	C.F	R. 400		iired U	nder
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ecify) ▼			(MEM	10 11	⊏IVI]			
	State: [	District:											
В.	Full Name (Last, Fin Office Depot	rst, Middle Initial)								n ID: burse		3997	
	Mailing Address 4455 Connecticut Avenue NW						03				2007		
	City State Zip Code Washington DC 20008							Amount of Each Disbursement this Period					
	Purpose of Disbursement Office Supplies							R	efund	or Dis	sposa	l of Ex	199.79 cess
	Candidate Name						ategory/ Type	Contributions Required Unc 11 C.F.R. 400.53 [MEMO ITEM]		nder			
	Office Sought:	House Senate President		nent For: Primary Other (spe	General			[IVI EIV	10 11	⊏IVI]			
	State:	District:		` .	, <b>,</b>								
C.	Full Name (Last, Fin	rst, Middle Initial)								n ID: burse		3998	
	Mailing Address 4455 Connecticut Avenue NW							0 3	M /	<sup>D</sup> 2	D /	Y	2007
	City Washington			tate	Zip Code 20008			Amou	ınt of	Each	Disbu	rseme	nt this Period
	Purpose of Disbursement Office Supplies					Г		B.	efund	or Dis	sposa	l of Ex	67.42 cess
							ategory/ Type	11	ontrib I C.F	utions .R. 400	Requ	iired U	
	Office Sought:	House Senate President		nent For: Primary Other (spe	General ccify) ▼			[MEM	10 11	⊏IVI]			
	State:	District:			· · ·								
s	UBTOTAL of Disbu	rsements This Page	(optional)				•		<u> </u>		-		0.00

## SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 80/93 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D174057 Regency Hotel Date of Disbursement 2 1 0 3 2007 Mailing Address 540 Park Avenue City State Zip Code Amount of Each Disbursement this Period New York NY 10021 554.90 Purpose of Disbursement Travel Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D174060 USPS Date of Disbursement 0 3 2007 Mailing Address 620 Mamaroneck Ave City State Zip Code Amount of Each Disbursement this Period White Plains 10605 NY 14.92 Purpose of Disbursement Postage Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type [MEMO ITEM] Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	87251.61

Primary

Other (specify)

Senate

District:

State:

President

## SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 81 / 93 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Nita Lowey for Congress Full Name (Last, First, Middle Initial) Transaction ID: D174131 Douglas Durst Date of Disbursement 1 2 o<sup>™</sup> 1 2007 Mailing Address 182 North Salem Road City State Zip Code Amount of Each Disbursement this Period Katonah NY 10536 1000.00 Purpose of Disbursement 2002 Primary Contribution Refund Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2002 House X Primary General Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: D174132 Douglas Durst Date of Disbursement o<sup>M</sup> 1 2007 Mailing Address 182 North Salem Road City State Zip Code Amount of Each Disbursement this Period 10536 Katonah NY 1000.00 Purpose of Disbursement 2002 General Contribution Refund Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2002 House Disbursement For:

X General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

Primary

Other (specify)

Senate

District:

State:

President

50	CHEDULE B (FEC Form 3)	Use seperate schedule(s	1	NE NUMBER: PAGE 82/93
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(cneck	only one)  17
	y Information copied from such Reports and States for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS  Mailing Address P.O. Box 8508			Transaction ID: D174115 Date of Disbursement  0 1 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State Zip Code		Amount of Each Disbursement this Period
	Utica Purpose of Disbursement	NY 13505		2000.00
	2008 Contribution Candidate Name Arcuri, Michael Angelo		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President  State: NY District: 24	ursement For: 2008  X Primary General  Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS			Transaction ID: D174116 Date of Disbursement
	Mailing Address P.O. Box 8508			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Contribution Candidate Name	2000.00  Refund or Disposal of Excess Contributions Required Under		
	Arcuri, Michael Angelo		Category/ Type	11 C.F.R. 400.53
	Office Sought:  X House Senate President State: NY District: 24	ursement For: 2008 Primary X General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS			Transaction ID: D174117 Date of Disbursement
	Mailing Address PO Box 38			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Dimock	State Zip Code PA 18816		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Contribution	1000.00  Refund or Disposal of Excess		
	Candidate Name Carney, Christopher		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: PA District: 10	ursement For: 2008  X Primary General Other (specify)		
s	UBTOTAL of Disbursements This Page (option	nal)	1	5000.00
	OTAL This Period (last page this line number of			

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)	FOR LINE NUMBER:					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  17 18 20a 20b	19a 19b 20c X 21				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) Nita Lowey for Congress							
Full Name (Last, First, Middle Initial) Clarkstown Democratic Committee  Mailing Address PO Box 442		Transaction ID: Date of Disburs					
City	State Zip Code	Amount of Each	Disbursement this Period				
New City	NY 10956	Amount of Lacin					
Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name			isposal of Excess s Required Under 00.53				
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial)  3. COMMITTEE TO ELECT CHRIS MURPH	Y	Transaction ID  Date of Disburs	ement				
Mailing Address P.O. Box 127		03	24 7 2007				
City Cheshire	State Zip Code CT 06410	Amount of Each	Disbursement this Period				
Purpose of Disbursement 2008 Primary Contribution		Befund or D	1000.00 isposal of Excess				
Candidate Name MURPHY, CHRISTOPHER SCOTT			s Required Under				
9 1	ement For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial) Courtney for Congress		Transaction ID: Date of Disburs					
Mailing Address 38 Risley Road		03	24 7 2007				
City Vernon	State Zip Code CT 06066	Amount of Each	Disbursement this Period				
Purpose of Disbursement 2008 Primary Contribution	Purpose of Disbursement						
Candidate Name Courtney, Joseph	Candidate Name Ca						
X	ement For: 2008 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only	)	. •					

SCHEDULE B (FEC Form 3)	I lea canarata cchadula(c)	FOR LINE NUMBER: PAGE 84 / 93				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  17				
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) Nita Lowey for Congress						
Full Name (Last, First, Middle Initial)  1. Democratic Congressional Campaign Com	mittee	Transaction ID: D174129 Date of Disbursement				
Mailing Address 430 South Capitol Street		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
,	State Zip Code DC 20003	Amount of Each Disbursement this Period				
Purpose of Disbursement Contribution Candidate Name	l l	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	7,00				
Full Name (Last, First, Middle Initial)  Democratic Congressional Campaign Com	mittee	Transaction ID: D174130 Date of Disbursement  0 3 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 430 South Capitol Street						
Washington	State Zip Code DC 20003	Amount of Each Disbursement this Period				
Purpose of Disbursement Unlimited Transfer of Excess Funds Candidate Name		7500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	True. F.n. 400.35				
Full Name (Last, First, Middle Initial)  ELLSWORTH FOR CONGRESS COMMIT	TEE	Transaction ID: D174122 Date of Disbursement				
Mailing Address P.O. Box 62		03				
	State Zip Code IN 47701	Amount of Each Disbursement this Period				
Purpose of Disbursement 2008 Primary Contribution	Purpose of Disbursement					
Candidate Name ELLSWORTH, BRAD	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	ment For: 2008 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)						

SCHEDULE B (FECFOIII 3 )	Use seperate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  Nita Lowey for Congress	,,		
Full Name (Last, First, Middle Initial)  A. GIFFORDS FOR CONGRESS  Mailing Address PO Box 27565			Transaction ID: D174136 Date of Disbursement  M 3 M / D 2 D / Y 2 0 0 7 Y
City Tucson	State Zip Code AZ 85726		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Contribution  Candidate Name Giffords, Gabrielle		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Senate President State: AZ District: 08	x Primary General Other (specify)		
Full Name (Last, First, Middle Initial)  B. Harrison Democratic Committee			Transaction ID: D173988 Date of Disbursement
Mailing Address PO BOX 686		03 30 2007	
City Harrison Purpose of Disbursement Transfer of Excess Campaign Funds	State Zip Code NY 10528	• •	Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess
Candidate Name	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. HARRY MITCHELL FOR CONGRESS			Transaction ID: D174118 Date of Disbursement
Mailing Address PO BOX 23748			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City TEMPE	State Zip Code AZ 85285		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Contribution			1000.00  Refund or Disposal of Excess
Candidate Name Mitchell, Harry	C	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
X X	xsement For: 2008  X Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional	u)		2500.00
TOTAL This Period (last page this line number on			

# SCHEDULE B (FEC Form 3 )

J.	SILDOLL B (I LOI OIIII 3 )	Use seperate schedule(s)		NUMBER: PAGE 86 / 93
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	y one) 17
	y Information copied from such Reports and Stater for commercial purposes, other than using the name			
01	NAME OF COMMITTEE (In Full)	le and address of any politica	i committee to so	Sicil Contributions from Such Committee
$\rangle$	Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS			Transaction ID: D174137 Date of Disbursement
	Mailing Address PO Box 97			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City Hazelwood	State Zip Code NC 28738		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Contribution			Refund or Disposal of Excess
	Candidate Name Shuler, Joseph Heath	. 5	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	X	ement For: 2008 Primary General Other (specify)		
_	Full Name (Last, First, Middle Initial)			ID D474400
В.	HOOSIERS FOR HILL			Transaction ID: D174138  Date of Disbursement
	Mailing Address PO BOX 1071			03 7 24 7 2007
	City SEYMOUR	State Zip Code IN 47274		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Contribution			Refund or Disposal of Excess
	Candidate Name Hill, Baron P.		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate X President	ement For: 2008 Primary General Other (specify)		
	State: IN District: 09			
C.	Full Name (Last, First, Middle Initial) Irvington Democratic Committee		Transaction ID: D174076 Date of Disbursement	
	Mailing Address 15 Jaffray Park			$\begin{bmatrix} M & M \\ 0 & 2 \end{bmatrix} \begin{bmatrix} D & D \\ 1 & B \end{bmatrix} \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix}$
	City Irvington	State Zip Code NY 10533		Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer of Excess Campaign Funds			500.00  Refund or Disposal of Excess
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  Senate  President  State:  Disburs  Disburs	ement For: Primary General Other (specify)		
s	UBTOTAL of Disbursements This Page (optional)			2500.00
Т	OTAL This Period (last page this line number only	)		

SCHEDULE B (FECFOIIII 3 )	Use seperate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and Stator for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress	.,		
Full Name (Last, First, Middle Initial)  JOHN HALL FOR CONGRESS  Mailing Address PO Box 274			Transaction ID: D174139 Date of Disbursement  M 1 M / D 3 / Y 2 0 0 7
City Hopewell Junction	State Zip Code NY 12533		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Contribution Candidate Name Hall, John	C	Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	rsement For: 2008  X Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)  B. JOHN HALL FOR CONGRESS			Transaction ID: D174140 Date of Disbursement
Mailing Address PO Box 274		$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \begin{smallmatrix} D \\ S \end{smallmatrix} \end{bmatrix} \ \begin{smallmatrix} \begin{smallmatrix} Y \\ P \end{smallmatrix} \begin{smallmatrix} Y \\ Q \end{smallmatrix} \begin{smallmatrix} Q \end{smallmatrix} \begin{smallmatrix} Y \\ O \end{smallmatrix} \begin{smallmatrix} Y \\ T \end{smallmatrix}$	
City Hopewell Junction Purpose of Disbursement 2008 General Contribution	State Zip Code NY 12533		Amount of Each Disbursement this Period  2000.00  Refund or Disposal of Excess
Candidate Name Hall, John		ategory/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:  X House Senate President State: NY District: 19	rsement For: 2008 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial)  C. KAGEN 4 CONGRESS			Transaction ID: D174123 Date of Disbursement
Mailing Address 100 WEST LAWRENCE STREET			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & T \end{smallmatrix} \end{bmatrix} $
City APPLETON	State Zip Code WI 54911		Amount of Each Disbursement this Period
Purpose of Disbursement 2008 Primary Contribution		•	1000.00  Refund or Disposal of Excess
Candidate Name  Category/		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
9 1	rsement For: 2008  X Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional	al)		5000.00
TOTAL This Period (last page this line number on			

SCHEDULE B (FECFORIII 3 )		Use seperate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 88 / 93
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress			
Α.	Full Name (Last, First, Middle Initial) Leukemia & Lymphoma Society  Mailing Address 1311 Mamaroneck Ave S	Suite 130		Transaction ID: D174142 Date of Disbursement  O 3
	City White Plains	State Zip Code NY 10605		Amount of Each Disbursement this Period
	Purpose of Disbursement Donation Candidate Name  Office Sought: House Disburs	ement For:	Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President State: District:  Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼		
В.	MCNERNEY FOR CONGRESS  Mailing Address 5429 Madison Avenue			Transaction ID: D174124 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Amount of Each Disbursement this Period
	Sacramento CA 95841  Purpose of Disbursement 2008 Primary Contribution  Candidate Name  Category/			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
		ement For: 2008 Primary General Other (specify)	Туре	11 61 11 100.00
C.	Full Name (Last, First, Middle Initial)  New Castle Democratic Committee		Transaction ID: D174020 Date of Disbursement	
	Mailing Address 39 Garden Ridge			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix}  /  \begin{bmatrix} D & D \\ 2 & 1 \end{smallmatrix} ]  /  \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} ]$
	City Chappaqua	State Zip Code NY 10514		Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	1375.00
Т	OTAL This Period (last page this line number only	)		

SCHEDULE B (FECForm 3)	Use seperate schedule(s)	FOR LINE NUMBER: PAGE 89 / 93
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  17
Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) Nita Lowey for Congress		
Full Name (Last, First, Middle Initial)  New Rochelle Democratic City Cmte  Mailing Address 28 Trenor Drive		Transaction ID: D174065 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code	Amount of Each Dishuranment this Device
New Rochelle	NY 10804	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		250.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	Type 11 C.F.A. 400.55
Full Name (Last, First, Middle Initial)  New Rochelle Democratic City Cmte		Transaction ID: D174066 Date of Disbursement  0 3
Mailing Address 28 Trenor Drive		03 21 2007
City New Rochelle	State Zip Code NY 10804	Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of Excess Campaign Funds		200.00  Refund or Disposal of Excess
Candidate Name		ategory/ Contributions Required Under Type 11 C.F.R. 400.53
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	
Full Name (Last, First, Middle Initial)  New York State Democratic Committee		Transaction ID: D174083 Date of Disbursement
Mailing Address 60 Madison Avenue Suit	e 1201	0 2 0 0 1 7 2 0 0 7
City New York	State Zip Code NY 10010	Amount of Each Disbursement this Period
Purpose of Disbursement Unlimited Party Transfer		5000.00  Refund or Disposal of Excess
Candidate Name		ategory/ Type  Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)	
SUBTOTAL of Disbursements This Page (optional)		5450.00
TOTAL This Period (last page this line number only)		

	CHEDULE B (FEC Form 3 )	Use seperate schedule(s)	FOR LINE (check only	NUMBER: y one)	PAGE 90/93
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		20a 20b 2	19a
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress				
Α.	Full Name (Last, First, Middle Initial) PAUL HODES FOR CONGRESS			Transaction ID: D17 Date of Disbursement	t
	Mailing Address 107 STORRS STREET			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	žoŏ7
		State Zip Code NH 03301		Amount of Each Disb	
	Purpose of Disbursement 2008 Primary Contribution Candidate Name		Category/	Refund or Disposa Contributions Req	1000.00 al of Excess uired Under
	HODES, PAUL W Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	Type	11 C.F.R. 400.53	
В.	Full Name (Last, First, Middle Initial) Pelham Town Democratic Committee  Mailing Address 140 Cliff Avenue			Transaction ID: D17 Date of Disbursement	
	Pelham	State Zip Code NY 10803		Amount of Each Disb	ursement this Period 500.00
	Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		Category/ Type	Refund or Dispose Contributions Req 11 C.F.R. 400.53	al of Excess
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
C.	Full Name (Last, First, Middle Initial) Port Chester Democratic Committee		Transaction ID: D17 Date of Disbursement	t	
	Mailing Address 6 Maplewood Lane			02 16	<sup>Y</sup> 2007 <sup>Y</sup>
		State Zip Code NY 10573		Amount of Each Disb	
	Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		Category/ Type	Refund or Dispose Contributions Req 11 C.F.R. 400.53	
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	71		
s	UBTOTAL of Disbursements This Page (optional) .				2000.00
Т	OTAL This Period (last page this line number only)				

3	CHEDULE B (FECFORIII 3 )	Use seperate schedule(s)		NUMBER: PAGE 91 / 93
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on	17 18 19a 19b 20a 20b 20c X 21
	y Information copied from such Reports and St for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) Nita Lowey for Congress	•		
Α.	Full Name (Last, First, Middle Initial) Sleepy Hollow Democratic Committee  Mailing Address 139 Cortland Street			Transaction ID: D174040 Date of Disbursement  O 2
	City Sleepy Hollow	State Zip Code NY 10591		Amount of Each Disbursement this Period
	Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disb     Senate   President     State: District:	ursement For: Primary General Other (specify) ▼		
В.	Full Name (Last, First, Middle Initial) Tarrytown Democratic Committee			Transaction ID: D174041 Date of Disbursement
	Mailing Address 169 Altamont Avenue			$\begin{array}{c c} & & & \\ & & & \\ \hline \end{array} \begin{array}{c} & & \\ & & \\ \end{array} \begin{array}{c} & & \\ & \\ \end{array} \begin{array}{c} & & \\ & \\ \end{array} \begin{array}{c} & & \\ \end{array} \begin{array}{c} & & \\ & \\ \end{array} \begin{array}{c} & & \\ & \\ $
	City Tarrytown Purpose of Disbursement	State Zip Code NY 10591		Amount of Each Disbursement this Period 500.00
	Transfer of Excess Campaign Funds Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought:    House   Disb     Senate   President     State:   District:	ursement For: Primary General Other (specify) ▼		
C.	Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS			Transaction ID: D174125 Date of Disbursement
	Mailing Address PO BOX 938			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
	City MANKATO	State Zip Code MN 56002		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Contribution		1000.00  Refund or Disposal of Excess	
	Candidate Name WALZ, TIMOTHY J		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought:  X House Senate President State: MN District: 01	ursement For: 2008  X Primary General Other (specify) ▼		
s	UBTOTAL of Disbursements This Page (option	nal)		2000.00
	OTAL This Period (last page this line number of			

SCHEDULE B (FECFORIII 3 )	Use seperate schedule(s)		NUMBER: PAGE 92 / 93
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Nita Lowey for Congress	,,		
A. Full Name (Last, First, Middle Initial) Tuckahoe Democratic Committee  Mailing Address 50 Columbus Avenue			Transaction ID: D173955  Date of Disbursement  M 2 M / D 6 / Y 2 0 0 7
City Tuckahoe	State Zip Code NY 10707		Amount of Each Disbursement this Period
Purpose of Disbursement Transfer of Excess Campaign Funds Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Disbur Senate President State: District:	rsement For:  Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)  B. Westchester Black Democrats			Transaction ID: D174149  Date of Disbursement
Mailing Address PO Box 1615			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 0 & 3 \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $
City White Plains Purpose of Disbursement Contribution Candidate Name	State Zip Code NY 10605	Category/	Amount of Each Disbursement this Period  500.00  Refund or Disposal of Excess Contributions Required Under
Office Sought:  House Senate President State:  Disbur	rsement For: Primary General Other (specify)	Туре	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) Westchester County Democratic Comm		Transaction ID: D173972 Date of Disbursement	
Mailing Address 170 East Post Road #210			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} $
City White Plains	State Zip Code NY 10601		Amount of Each Disbursement this Period
Purpose of Disbursement Event Sponsorship Candidate Name		Category/ Type	2500.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	rsement For: Primary General Other (specify)	. 100	
SUBTOTAL of Disbursements This Page (optiona	l)		3500.00
SUBTOTAL of Disbursements This Page (optiona  TOTAL This Period (last page this line number onl			3300.00

SCHEDULE E	3 (FECForm 3)	Use seperate schedule(	c)	NUMBER: PAGE 93/93
ITEMIZED DIS	SBURSEMENTS	for each category of the Detailed Summary Page	(Crieck only	y one) 17 18 19a 19b 20a 20b 20c X 21
				for the purpose of solicating contributions licit contributions from such committee
NAME OF COMM Nita Lowey for	, ,			
• '	First, Middle Initial) R CONGRESS  1819 Brownsboro Road			Transaction ID: D174153 Date of Disbursement
City	Suite 100	State Zin Code		Amount of Each Dishuranment this Device
City Louisville		State Zip Code KY 40206		Amount of Each Disbursement this Period
Purpose of Disbu 2008 Primary Cor				Refund or Disposal of Excess
Candidate Name Yarmuth, John			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State: KY		ement For: 2008 Primary General Other (specify)	ı	
	First, Middle Initial) cratic City Committee			Transaction ID: D173956 Date of Disbursement
Mailing Address	955 Yonkers Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Q & O & O & T \end{smallmatrix} \end{bmatrix}$
City Yonkers		State Zip Code NY 10704		Amount of Each Disbursement this Period
Purpose of Disbu Transfer of Exces	rsement ss Campaign Funds			500.00  Refund or Disposal of Excess
Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought: State:	House Disburs Senate President District:	ement For: Primary Genera Other (specify)	I	
	First, Middle Initial) FOR CONGRESS COMMI	TTEE		Transaction ID: D174120 Date of Disbursement
Mailing Address	714 N WOOSTER AVEN	NUE		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & O \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} $
City DOVER		State Zip Code OH 44622		Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Primary Contribution		1000.00  Refund or Disposal of Excess	
Candidate Name Space, Zachar	у		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
Office Sought:		ement For: 2008 Primary Genera Other (specify)	l	
SUBTOTAL of Disb	oursements This Page (optional)		<b>&gt;</b>	2500.00
TOTAL This Period	(last page this line number only	)		71325.00